United	STATES DISTRICT COUR	RT
JEFFREY RYAN FENTON  Plaintiff(s)  v.  VIRGINIA LEE STORY et al.,	for the  Western District of Michigan	RECEIVED FEB 26 2025 USI DISTRICT COURT MID DIST TENN 3-cy-1097
Defendant(s)		
•	UMMONS IN A CIVIL ACTION	
To: (Defendant's name and address) Virginia Lee: Franklin, TN		
A lawsuit has been filed against you	l, e,	
are the United States or a United States agen P. 12 (a)(2) or (3) — you must serve on the the Federal Rules of Civil Procedure. The a whose name and address are:	plaintiff an answer to the attached complain nswer or motion must be served on the plain on Parkway #150	States described in Fed. R. Civ. at or a motion under Rule 12 of
If you fail to respond, judgment by of You also must file your answer or motion with	default will be entered against you for the reith the court.	elief demanded in the complaint.
	CLERK OF COU	RT
1/2/2024		

	DISTRICT COURT	
for the  Western District of Michigan		
JEFFREY RYAN FENTON  Plaintiff(s)  v.  VIRGINIA LEE STORY et al.,  Defendant(s)	) ) ) ) Civil Action No. 1:23-cv-1097 ) )	
SUMMONS IN A	A CIVIL ACTION	
To: (Defendant's name and address) Virginia Lee Story Franklin, TN 37069  A lawsuit has been filed against you.		
are the United States or a United States agency, or an officer P. 12 (a)(2) or (3) — you must serve on the plaintiff an answ the Federal Rules of Civil Procedure. The answer or motion whose name and address are:  Jeffrey Fenton  17195 Silver Parkway #150 Fenton, MI 48430	ver to the attached complaint or a motion under Rule 12 of	
If you fail to respond, judgment by default will be e You also must file your answer or motion with the court.	ntered against you for the relief demanded in the complaint.	
	CLERK OF COURT	
Date: 1/2/2024	Signature of Clerk or Deputy Clerk	

	S DISTRICT COURT
	for the
Western Dis	trict of Michigan
	)
JEFFREY RYAN FENTON	) " }
Plaintiff(s)	<b>)</b>
v.	) Civil Action No. 1:23-cv-1097
	· ·
VIRGINIA LEE STORY et al.,	<b>)</b>
Defendant(s)	)
SUMMONS IN	N A CIVIL ACTION
To: (Defendant's name and address)  Kathryn Lynn Yarbrough  Thompsons Station, TN 3	7179
A lawsuit has been filed against you.	ก
are the United States or a United States agency, or an offi	
If you fail to respond, judgment by default will be You also must file your answer or motion with the court.	e entered against you for the relief demanded in the complaint.
	CLERK OF COURT
Date: 1/2/2024	

Date: <u>1/2/2024</u>

710 440 (Rev. 00/12) Guitations in a Civil Action	
	S DISTRICT COURT
	for the crict of Michigan
	)
JEFFREY RYAN FENTON	) )
Plaintiff(s) V.	) Civil Action No. 1:23-cv-1097
VIRGINIA LEE STORY et al.,	) ) )
Defendant(s)	ý
SUMMONS IN	A CIVIL ACTION
To: (Defendant's name and address)  Kathryn Lynn Yarbrough  Thompsons Station, TN 37	'179
A lawsuit has been filed against you.	
are the United States or a United States agency, or an office	
If you fail to respond, judgment by default will be You also must file your answer or motion with the court.	entered against you for the relief demanded in the complaint.
	CLERK OF COURT

UNITED STATES	District Court
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for the	idei cooki	
Western District of Michigan		
JEFFREY RYAN FENTON    Plaintiff(s)	Civil Action No. 1:23-cv-1097	
V. ) ) VIRGINIA LEE STORY et al.,  Defendant(s) )	CIVIL ACTION INO. 1.23-CV-1097	
Dejenaani(s)		
SUMMONS IN A CIVI	L ACTION	
To: (Defendant's name and address) Michael Weimar Binkley Franklin, TN 37069		
A lawsuit has been filed against you.		
Within 21 days after service of this summons on you (not of are the United States or a United States agency, or an officer or em P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the Federal Rules of Civil Procedure. The answer or motion must be whose name and address are:  Jeffrey Fenton 17195 Silver Parkway #150 Fenton, MI 48430	ployee of the United States described in Fed. R. Civ. he attached complaint or a motion under Rule 12 of	
If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.		
	CLERK OF COURT	
Date: 1/2/2024		
n	Signature of Clerk or Deputy Clerk	

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UNITED STAT	ES DISTRICT COURT
Western D	for the vistrict of Michigan
Western D	istrict of wholigan
	)
JEFFREY RYAN FENTON	
Plaintiff(s)	)
v.	Civil Action No. 1:23-cv-1097
	) )
VIRGINIA LEE STORY et al.,	) )
Defendant(s)	)
SUMMONS	IN A CIVIL ACTION
To: (Defendant's name and address) Michael Weimar Binkley Franklin, TN 37069	
A lawsuit has been filed against you.	
are the United States or a United States agency, or an o P. 12 (a)(2) or (3) — you must serve on the plaintiff an	on you (not counting the day you received it) — or 60 days if you fficer or employee of the United States described in Fed. R. Civ. answer to the attached complaint or a motion under Rule 12 of notion must be served on the plaintiff or plaintiff's attorney,
Fenton, MI 48430	v <sub>3</sub>
If you fail to respond, judgment by default will You also must file your answer or motion with the cour	be entered against you for the relief demanded in the complaint. rt.
	CLERK OF COURT
Date: 1/2/2024	
Date: <u>1/2/2024</u>	

AO 440 (Acv. 00/12) Sullimons in a Civil Action	
UNITED STATE	S DISTRICT COURT
Western Dis	for the strict of Michigan
JEFFREY RYAN FENTON  Plaintiff(s)  v.	) ) ) ) Civil Action No. 1:23-cv-1097
VIRGINIA LEE STORY et al.,	) )
Defendant(s)	)
SUMMONS I	N A CIVIL ACTION
To: (Defendant's name and address) Elaine Beaty Beeler Franklin, TN 37064	61
A lawsuit has been filed against you.	
are the United States or a United States agency, or an off P. 12 (a)(2) or (3) — you must serve on the plaintiff an a	you (not counting the day you received it) — or 60 days if you ficer or employee of the United States described in Fed. R. Civ. answer to the attached complaint or a motion under Rule 12 of tion must be served on the plaintiff or plaintiff's attorney,
If you fail to respond, judgment by default will be You also must file your answer or motion with the court.	be entered against you for the relief demanded in the complaint.
	CLERK OF COURT
Date: 1/2/2024	

	TES DISTRICT COURT for the District of Michigan
JEFFREY RYAN FENTON  Plaintiff(s)  v.  VIRGINIA LEE STORY et al.,  Defendant(s)	) ) ) - ) Civil Action No. 1:23-cv-1097 ) ) ) )
SUMMON	S IN A CIVIL ACTION
are the United States or a United States agency, or an	on you (not counting the day you received it) — or 60 days if you officer or employee of the United States described in Fed. R. Civ.
P. 12 (a)(2) or (3) — you must serve on the plaintiff at the Federal Rules of Civil Procedure. The answer or rewhose name and address are:  Jeffrey Fenton 17195 Silver Parkway Fenton, MI 48430	n answer to the attached complaint or a motion under Rule 12 of motion must be served on the plaintiff or plaintiff's attorney, #150
If you fail to respond, judgment by default wi You also must file your answer or motion with the cou	ll be entered against you for the relief demanded in the complaint. urt.
	CLERK OF COURT
Date: 1/2/2024	Signature of Clerk or Deputy Clerk

Date: \_\_\_\_\_1/2/2024

UNITED STATE	ES DISTRICT COURT
Western Di	for the strict of Michigan
JEFFREY RYAN FENTON  Plaintiff(s)  v.  VIRGINIA LEE STORY et al.,	) ) ) ) ) Civil Action No. 1:23-cv-1097 ) )
Defendant(s)	)
To: (Defendant's name and address) Sara Rebecca Baxter White, GA 30184	IN A CIVIL ACTION
are the United States or a United States agency, or an off P. 12 (a)(2) or (3) — you must serve on the plaintiff an a	n you (not counting the day you received it) — or 60 days if you ficer or employee of the United States described in Fed. R. Civ. answer to the attached complaint or a motion under Rule 12 of otion must be served on the plaintiff or plaintiff's attorney,
If you fail to respond, judgment by default will be You also must file your answer or motion with the court	
	CLERK OF COURT

Date: \_\_\_\_1/2/2024

UNITED STATE	ES DISTRICT COURT
Western Dis	for the strict of Michigan
JEFFREY RYAN FENTON  Plaintiff(s)  v.  VIRGINIA LEE STORY et al.,	) 6 ) ) ) ) Civil Action No. 1:23-cv-1097 ) )
Defendant(s)	)
SUMMONS II	N A CIVIL ACTION
To: (Defendant's name and address) Sara Rebecca Baxter White, GA 30184	
are the United States or a United States agency, or an off P. 12 (a)(2) or (3) — you must serve on the plaintiff an a	you (not counting the day you received it) — or 60 days if you ficer or employee of the United States described in Fed. R. Civ. Inswer to the attached complaint or a motion under Rule 12 of tion must be served on the plaintiff or plaintiff's attorney,
Fenton, MI 48430	be entered against you for the relief demanded in the complaint.

United States	DISTRICT COURT
for	r the
Western Distric	ct of Michigan
JEFFREY RYAN FENTON  Plaintiff(s)  v.	) ) ) ) ) Civil Action No. 1:23-cv-1097
VIRGINIA LEE STORY et al.,	) ) )
Defendant(s)	)
SUMMONS IN A	A CÎVIL ACTION
Mary Elizabeth Maney Ausbr White House, TN 37188  A lawsuit has been filed against you.	·
Within 21 days after service of this summons on you are the United States or a United States agency, or an officer P. 12 (a)(2) or (3) — you must serve on the plaintiff an answ the Federal Rules of Civil Procedure. The answer or motion whose name and address are:  Jeffrey Fenton 17195 Silver Parkway #150 Fenton, MI 48430	wer to the attached complaint or a motion under Rule 12 of
If you fail to respond, judgment by default will be ex You also must file your answer or motion with the court.	entered against you for the relief demanded in the complaint.
	CLERK OF COURT
Date: 1/2/2024	

United Stat	ES DISTRICT COURT
Western I	for the District of Michigan
JEFFREY RYAN FENTON  Plaintiff(s)  v.  VIRGINIA LEE STORY et al.,  Defendant(s)	) ) ) - ) Civil Action No. 1:23-cv-1097 ) )
, , ,	S IN A CIVIL ACTION
are the United States or a United States agency, or an open P. 12 (a)(2) or (3) — you must serve on the plaintiff at	on you (not counting the day you received it) — or 60 days if you officer or employee of the United States described in Fed. R. Civ. an answer to the attached complaint or a motion under Rule 12 of notion must be served on the plaintiff or plaintiff's attorney,
If you fail to respond, judgment by default will You also must file your answer or motion with the cou	Il be entered against you for the relief demanded in the complaint.  It.  CLERK OF COURT
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Date: 1/2/2024	Signature of Clerk or Denuty Clerk

	DISTRICT COURT
	or the rict of Michigan
JEFFREY RYAN FENTON  Plaintiff(s)  v.  VIRGINIA LEE STORY et al.,	) ) ) ) ) Civil Action No. 1:23-cv-1097 ) )
Defendant(s)	) ,
SUMMONS IN	A CIVIL ACTION
To: (Defendant's name and address) Alexander Sergey Koval Nashville, TN 37211	
A lawsuit has been filed against you.	
are the United States or a United States agency, or an office	
If you fail to respond, judgment by default will be You also must file your answer or motion with the court.	entered against you for the relief demanded in the complaint.
	CLERK OF COURT
Date:1/2/2024	·

Date: \_\_\_\_\_1/2/2024

	UNITED STATE	ES DISTRICT COURT
	Western Di	for the istrict of Michigan
JEFFREY RYA  Plaintiff v.		) ) ) ) ) Civil Action No. 1:23-cv-1097 )
VIRGINIA LEE S	TORY et al.,	) )
Defendan	nt(s)	)
	SUMMONS I	IN A CIVIL ACTION
To: (Defendant's name and address	Alexander Sergey Koval Nashville, TN 37211	6
A lawsuit has been fi	led against you.	
are the United States or a Uni P. 12 (a)(2) or (3) — you mus	ted States agency, or an of at serve on the plaintiff an a	n you (not counting the day you received it) — or 60 days if yo ficer or employee of the United States described in Fed. R. Civ answer to the attached complaint or a motion under Rule 12 of otion must be served on the plaintiff or plaintiff's attorney,
If you fail to respond. You also must file your answe		be entered against you for the relief demanded in the complaint
		CLERK OF COURT
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	DISTRICT COURT	
for the  Western District of Michigan		
JEFFREY RYAN FENTON  Plaintiff(s)  V.	) ) ) ) Civil Action No. 1:23-cv-1097 )	
VIRGINIA LEE STORY et al.,	) )	
Defendant(s)	) 9	
SUMMONS IN A	A CIVIL ACTION	
A lawsuit has been filed against you.  Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:  Jeffrey Fenton 17195 Silver Parkway #150 Fenton, MI 48430		
If you fail to respond, judgment by default will be early also must file your answer or motion with the court.	entered against you for the relief demanded in the complaint.	
	CLERK OF COURT	
Date:1/2/2024	Signature of Clerk or Deputy Clerk	

Date: \_\_\_\_\_1/2/2024

	S DISTRICT COURT
	for the rict of Michigan
JEFFREY RYAN FENTON  Plaintiff(s)  v.	) ) ) ) Civil Action No. 1:23-cv-1097 )
VIRGINIA LEE STORY et al.,	) )
Defendant(s)	<b>)</b>
SUMMONS IN	A CIVIL ACTION
To: (Defendant's name and address) Henry Edward Hildebrand Nashville, TN 37205	III 5
A lawsuit has been filed against you.	
are the United States or a United States agency, or an office	-
If you fail to respond, judgment by default will be You also must file your answer or motion with the court.	entered against you for the relief demanded in the complaint
	CLERK OF COURT

Unit	ED STATES DISTRICT COURT
	for the  Western District of Michigan
JEFFREY RYAN FENTON  Plaintiff(s)  v.  VIRGINIA LEE STORY et a	Civil Action No. 1:23-cv-1097
	SUMMONS IN A CIVIL ACTION
A lawsuit has been filed against  Within 21 days after service of are the United States or a United States  P. 12 (a)(2) or (3) — you must serve on the Federal Rules of Civil Procedure. T whose name and address are:  Jeffrey F 17195 St	tyou.  this summons on you (not counting the day you received it) — or 60 days if you agency, or an officer or employee of the United States described in Fed. R. Civ. the plaintiff an answer to the attached complaint or a motion under Rule 12 of the answer or motion must be served on the plaintiff or plaintiff's attorney,
If you fail to respond, judgment You also must file your answer or motion	by default will be entered against you for the relief demanded in the complaint. on with the court.
	CLERK OF COURT
Date:1/2/2024	Signature of Clark on Deputy Clark

f	DISTRICT COURT
western Distr	ict of Michigan
JEFFREY RYAN FENTON  Plaintiff(s)  v.  VIRGINIA LEE STORY et al.,	) ) ) ) ) Civil Action No. 1:23-cv-1097 ) )
Defendant(s)	,
SUMMONS IN	A CIVIL ACTION
are the United States or a United States agency, or an offic	
If you fail to respond, judgment by default will be You also must file your answer or motion with the court.	entered against you for the relief demanded in the complaint.
	2 CLERK OF COURT
Date: 1/2/2024	
	Signature of Clark or Deputy Clark

Date: <u>1/2/2024</u>

110 440 (NOT. 0012) Dubinonis in a Civil Loudi	
United States District Court	
Western Distric	r the ct of Michigan
JEFFREY RYAN FENTON  Plaintiff(s)  v.  VIRGINIA LEE STORY et al.,	) ) ) ) ) Civil Action No. 1:23-cv-1097 ) )
Defendant(s)	)
	A CIVIL ACTION
To: (Defendant's name and address) Thomas Earl Eugene Anders Nashville, TN 37206	son
A lawsuit has been filed against you.	
Within 21 days after service of this summons on you are the United States or a United States agency, or an officer P. 12 (a)(2) or (3) — you must serve on the plaintiff an answ the Federal Rules of Civil Procedure. The answer or motion whose name and address are:  Jeffrey Fenton 17195 Silver Parkway #150 Fenton, MI 48430	wer to the attached complaint or a motion under Rule 12 of
If you fail to respond, judgment by default will be e You also must file your answer or motion with the court.	entered against you for the relief demanded in the complaint.
	CLERK OF COURT

United Stat	ES DISTRICT COURT
Western D	District of Michigan
JEFFREY RYAN FENTON  Plaintiff(s)  V.	) ) ) ) ) ) Civil Action No. 1:23-cv-1097 )
VIRGINIA LEE STORY et al.,	) . )
Defendant(s)	)
SUMMONS	IN A CIVIL ACTION
To: (Defendant's name and address) Thomas Earl Eugene Alexander Nashville, TN 37206	nderson :
are the United States or a United States agency, or an o P. 12 (a)(2) or (3) — you must serve on the plaintiff an	on you (not counting the day you received it) — or 60 days if you officer or employee of the United States described in Fed. R. Civ. a answer to the attached complaint or a motion under Rule 12 of notion must be served on the plaintiff or plaintiff's attorney,
If you fail to respond, judgment by default will You also must file your answer or motion with the cour	l be entered against you for the relief demanded in the complaint. rt.
	CLERK OF COURT
Date:1/2/2024	Signature of Clerk or Deputy Clerk

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United State	ES DISTRICT COURT
Western Di	for the istrict of Michigan
11 31 21	5
JEFFREY RYAN FENTON	) ) )
Plaintiff(s) V.	) Civil Action No. 1:23-cv-1097
VIRGINIA LEE STORY et al.,	) )
Defendant(s)	ý
SUMMONS I	IN A CIVIL ACTION
To: (Defendant's name and address) Roy Patrick Marlin College Grove, TN 3704	6
A lawsuit has been filed against you.	
are the United States or a United States agency, or an of P. 12 (a)(2) or (3) — you must serve on the plaintiff an a	n you (not counting the day you received it) — or 60 days if you ficer or employee of the United States described in Fed. R. Civ. answer to the attached complaint or a motion under Rule 12 of otion must be served on the plaintiff or plaintiff's attorney,
If you fail to respond, judgment by default will I You also must file your answer or motion with the court	be entered against you for the relief demanded in the complaint.
	CLERK OF COURT
Data: 1/2/2024	ค

UNITED STATE	for the
Western Di	strict of Michigan
JEFFREY RYAN FENTON	) ) )
Plaintiff(s) V.	) Civil Action No. 1:23-cv-1097 ) 3
VIRGINIA LEE STORY et al.,	) )
Defendant(s)	) )
SUMMONS I	IN A CIVIL ACTION
To: (Defendant's name and address) Roy Patrick Marlin College Grove, TN 37046	6
are the United States or a United States agency, or an of P. 12 (a)(2) or (3) — you must serve on the plaintiff an a	n you (not counting the day you received it) — or 60 days if you ficer or employee of the United States described in Fed. R. Civ. answer to the attached complaint or a motion under Rule 12 of otion must be served on the plaintiff or plaintiff's attorney,
If you fail to respond, judgment by default will I You also must file your answer or motion with the court	be entered against you for the relief demanded in the complaint.
	CLERK OF COURT
Date:1/2/2024	Signature of Clerk or Deputy Clerk

	DISTRICT COURT	
	ict of Michigan	
JEFFREY RYAN FENTON  Plaintiff(s)  v.  VIRGINIA LEE STORY et al.,	) ) ) ) Civil Action No. 1:23-cv-1097 )	
Defendant(s)	)	
Summons In a civil action  To: (Defendant's name and address)  Samuel Forrest Anderson Nashville, TN 37215  A lawsuit has been filed against you.  Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:  Jeffrey Fenton 17195 Silver Parkway #150 Fenton, MI 48430		
If you fail to respond, judgment by default will be a You also must file your answer or motion with the court.	entered against you for the relief demanded in the complaint.	
	CLERK OF COURT	
Date:1/2/2024	Signature of Clerk or Denuty Clerk	

	S DISTRICT COURT
	rict of Michigan
JEFFREY RYAN FENTON  Plaintiff(s)  v.  VIRGINIA LEE STORY et al.,  Defendant(s)	) ) ) ) Civil Action No. 1:23-cv-1097 ) )
SUMMONS IN	A CIVIL ACTION
are the United States or a United States agency, or an office	· ·
If you fail to respond, judgment by default will be You also must file your answer or motion with the court.	entered against you for the relief demanded in the complaint.  CLERK OF COURT
	CDEMIX OF COOK!
Date:1/2/2024	Signature of Clerk or Deputy Clerk

	DISTRICT COURT	
	or the ict of Michigan	
JEFFREY RYAN FENTON  Plaintiff(s)  v.  VIRGINIA LEE STORY et al.,  Defendant(s)	) ) ) ) ) Civil Action No. 1:23-cv-1097 ) )	
•	A CIVIL ACTION	
To: (Defendant's name and address)  William Neal McBrayer  Brentwood, TN 37027  A lawsuit has been filed against you.  Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:  Jeffrey Fenton 17195 Silver Parkway #150 Fenton, MI 48430		
If you fail to respond, judgment by default will be You also must file your answer or motion with the court.	entered against you for the relief demanded in the complaint.	
	CLERK OF COURT	
Date:1/2/2024	Signature of Clerk or Deputy Clerk	

UNITED STATES	S DISTRICT COURT	
1	for the	
Western District of Michigan		
JEFFREY RYAN FENTON  Plaintiff(s)  V.  VIRGINIA LEE STORY et al.,  Defendant(s)	) ) ) ) ) Civil Action No. 1:23-cv-1097 ) )	
SUMMONS IN	A CIVIL ACTION	
To: (Defendant's name and address)  William Neal McBrayer  Brentwood, TN 37027  A lawsuit has been filed against you.  Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:  Jeffrey Fenton  17195 Silver Parkway #150  Fenton, MI 48430		
If you fail to respond, judgment by default will be You also must file your answer or motion with the court.	e entered against you for the relief demanded in the complaint.  CLERK OF COURT	
Date:1/2/2024	Signature of Clark or Denuty Clark	
	Signature of Clerk or Honisti Clerk	

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	UNITED STAT	TES DISTRICT COURT
	Western 1	for the District of Michigan
		}
JEFFREY RY	AN FENTON	_
Plaint V.		) Civil Action No. 1:23-cv-1097
VIRGINIA LEE	STORY et al.,	) ) )
Defend	ant(s)	- <u> </u>
	SUMMONS	S IN A CIVIL ACTION
To: (Defendant's name and address)	Andy Dwane Bennett Hermitage, TN 37076	<b>ର</b>
A lawsuit has been	filed against you.	
are the United States or a United P. 12 (a)(2) or (3) — you m	nited States agency, or an oust serve on the plaintiff are rocedure. The answer or r	on you (not counting the day you received it) — or 60 days if you officer or employee of the United States described in Fed. R. Civ. n answer to the attached complaint or a motion under Rule 12 of motion must be served on the plaintiff or plaintiff's attorney, #150
If you fail to respon You also must file your answ		ll be entered against you for the relief demanded in the complaint. urt.
		CLERK OF COURT
Date: 1/2/2024		

	DISTRICT COURT
•	or the ict of Michigan
JEFFREY RYAN FENTON  Plaintiff(s)  v.  VIRGINIA LEE STORY et al.,  Defendant(s)	) ) ) ) Civil Action No. 1:23-cv-1097 ) )
SUMMONS IN	A CIVIL ACTION
are the United States or a United States agency, or an offic	
If you fail to respond, judgment by default will be You also must file your answer or motion with the court.	entered against you for the relief demanded in the complaint.  CLERK OF COURT
Date:1/2/2024	Signature of Clerk or Deputy Clerk

Date: <u>1/2/2024</u>

AO 440 (RCV: 00/12) Summons in a CIVII Action	
United Stati	ES DISTRICT COURT
Western D	for the district of Michigan
JEFFREY RYAN FENTON  Plaintiff(s)  v.  VIRGINIA LEE STORY et al.,  Defendant(s)	) ) ) ) Civil Action No. 1:23-cv-1097 ) )
SUMMONS	IN A CIVIL ACTION
To: (Defendant's name and address) Frank Goad Clement Jr. Nashville, TN 37205	9
A lawsuit has been filed against you.	
are the United States or a United States agency, or an of P. 12 (a)(2) or (3) — you must serve on the plaintiff an	n you (not counting the day you received it) — or 60 days if you ficer or employee of the United States described in Fed. R. Civ. answer to the attached complaint or a motion under Rule 12 of otion must be served on the plaintiff or plaintiff's attorney,
If you fail to respond, judgment by default will You also must file your answer or motion with the court	be entered against you for the relief demanded in the complaint.
	CLERK OF COURT

Date: 1/2/2024

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	Civil Action No. 1:23-cv-1097
ORY et al.,	
(s) )	
SUMMONS IN A	CIVIL ACTION
d against you.	
d States agency, or an officer of serve on the plaintiff an answe edure. The answer or motion of Jeffrey Fenton 17195 Silver Parkway #150	(not counting the day you received it) — or 60 days if you remployee of the United States described in Fed. R. Civ. r to the attached complaint or a motion under Rule 12 of must be served on the plaintiff or plaintiff's attorney,
•	ered against you for the relief demanded in the complaint
	CLERK OF COURT
	ed States agency, or an officer of serve on the plaintiff an answe edure. The answer or motion n Jeffrey Fenton 17195 Silver Parkway #150 Fenton, MI 48430

	S DISTRICT COURT Or the
Western Distr	rict of Michigan
JEFFREY RYAN FENTON  Plaintiff(s)  v.  VIRGINIA LEE STORY et al.,  Defendant(s)	) ) ) ) ) Civil Action No. 1:23-cv-1097 ) )
, .,	A CIVIL ACTION
To: (Defendant's name and address)  James Michael Hivner  Bartlett, TN 38133	
A lawsuit has been filed against you.	
are the United States or a United States agency, or an offic	

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

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	CLERK OF COURT
Date:1/2/2024	
	Signature of Clerk or Deputy Clerk

Date: <u>1/2/2024</u>

	S DISTRICT COURT
	for the trict of Michigan
JEFFREY RYAN FENTON  Plaintiff(s)  v.  VIRGINIA LEE STORY et al.,  Defendant(s)	) ) ) ) Civil Action No. 1:23-cv-1097 ) ) )
	N A CIVIL ACTION
To: (Defendant's name and address)  James Michael Hivner Bartlett, TN 38133	es
are the United States or a United States agency, or an offic	•
If you fail to respond, judgment by default will be You also must file your answer or motion with the court.	e entered against you for the relief demanded in the complaint.
	CLERK OF COURT

Date: 1/2/2024

	DISTRICT COURT
	or the rict of Michigan
JEFFREY RYAN FENTON	) ) )
Plaintiff(s) V.	) Civil Action No. 1:23-cv-1097
VIRGINIA LEE STORY et al.,	) ) )
Defendant(s)	)
SUMMONS IN	A CIVIL ACTION
To: (Defendant's name and address)  John Brandon Coke  Nashville, TN 37211	
A lawsuit has been filed against you.	
are the United States or a United States agency, or an office P. 12 (a)(2) or (3) — you must serve on the plaintiff an ans the Federal Rules of Civil Procedure. The answer or motion	ou (not counting the day you received it) — or 60 days if you er or employee of the United States described in Fed. R. Civ. swer to the attached complaint or a motion under Rule 12 of on must be served on the plaintiff or plaintiff's attorney,
whose name and address are:  Jeffrey Fenton 17195 Silver Parkway #150 Fenton, MI 48430	es )
If you fail to respond, judgment by default will be You also must file your answer or motion with the court.	entered against you for the relief demanded in the complaint.
	CLERK OF COURT

	S DISTRICT COURT
	for the trict of Michigan
JEFFREY RYAN FENTON  Plaintiff(s)  v.	) ) ) ) Civil Action No. 1:23-cv-1097 )
VIRGINIA LEE STORY et al.,	)
Defendant(s)	)
SUMMONS IN	NA CIVIL ACTION
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	CLERK OF COURT
Date: 1/2/2024	Signature of Clerk or Deputy Clerk

Date: <u>1/2/2024</u>

DISTRICT COURT
t of Michigan
Civil Action No. 1:23-cv-1097
CIVIL ACTION
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stered against you for the relief demanded in the complaint.
CLERK OF COURT

UNITED STATE	S DISTRICT COURT
	for the
western Dis	trict of Michigan
JEFFREY RYAN FENTON  Plaintiff(s)  v.	) ) ) ) ) Civil Action No. 1:23-cv-1097
VIRGINIA LEE STORY et al.,	<b>\( \)</b>
Defendant(s)	)
SUMMONS IN	N A CIVIL ACTION
To: (Defendant's name and address) Sandra Jane Leach Garre Brentwood, TN 37027	tt
A lawsuit has been filed against you.	
are the United States or a United States agency, or an offic	
If you fail to respond, judgment by default will be You also must file your answer or motion with the court.	e entered against you for the relief demanded in the complaint.
	CLERK OF COURT
Date: 1/2/2024	

# I. JURISDICTION AND VENUE

"[T]he traditional justification for diversity jurisdiction is to minimize potential bias against outof-state parties." Firstar Bank, N.A. v. Faul, 253 F.3d 982, 991 (7th Cir. 2001) (citing Guar. Trust
Co. of N.Y. v. York, 326 U.S. 99, 111 (1945); Bagdon v. Bridgestone/Firestone, Inc., 916 F.2d 379,
382 (7th Cir.1990)). Diversity jurisdiction is meant to "open[] the federal courts' doors to those
who might otherwise suffer from local prejudice against out-of-state parties." Hertz Corp. v. Friend,
130 S. Ct. 1181 (2010) (citations omitted) (reversing district court's finding that jurisdiction was
lacking). The facts and evidence clearly show that Plaintiff has suffered prejudice on many occasions
in the Chancery Court for Williamson County Tennessee—and in the United States Bankruptcy
Court Middle District of Tennessee (hereinafter "bankruptcy court").

The district court has subject matter jurisdiction pursuant to 28 U.S. Code § 1332 since litigants are citizens of different states and the matter in controversy exceeds the sum or value of \$75,000, and pursuant to 18 U.S. Code § 1964 because counts 9 and 10 involve RICO, and pursuant to 28 U.S. Code § 1331 because counts 11 through 14 involve other federal laws/constitutional issues. Litigants in this matter are residents of at least two different states.

#### II. PARTIES

## Plaintiff:

• **Jeffrey Ryan Fenton** is a U.S. citizen residing and domiciled in Genesee County, Michigan, with an address of 17195 Silver Parkway #150, Fenton, MI 48430-3426.

## **Defendants:**

- Virginia Lee Story (BPR# 011700) is believed to be a U.S. citizen residing and domiciled at TN 37069
- Michael Weimar Binkley (BPR# 005930) is believed to be a U.S. citizen residing and domiciled at TN 37069
- Kathryn Lynn Yarbrough (BPR# 032789) is believed to be a U.S. citizen residing and domiciled at TN 37179

Initials: Page 37 of 122 PageID #: 822
Case 1:23-cv-01097-PLM-RSK (FENTON v. STORY et al.)

# I. JURISDICTION AND VENUE

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#### Plaintiff:

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## Defendants:

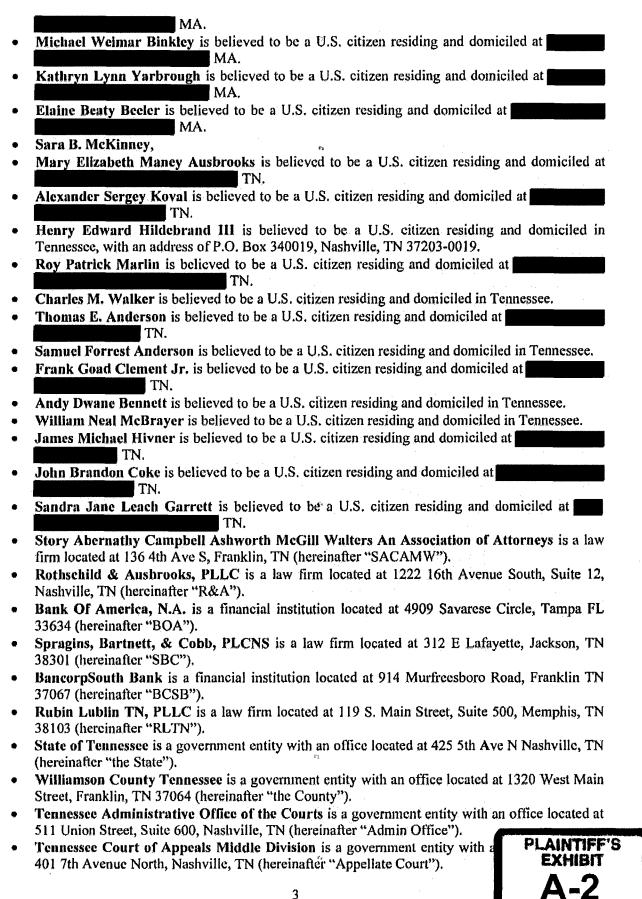
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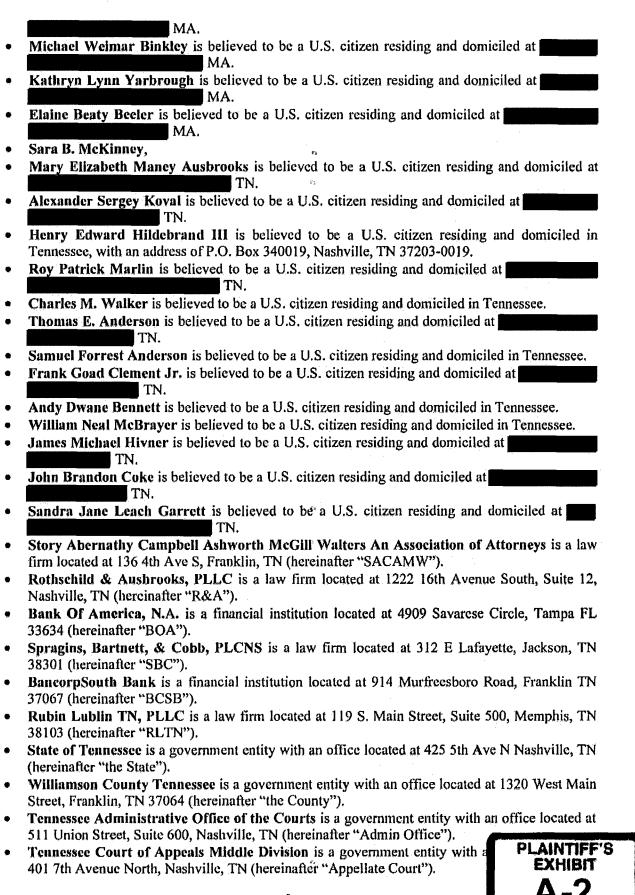
Initials: Page 38 of 122 PageID #: 823

https://rico.jefffenton.com/evidence/1-23-cv-01097\_fenton-vs-story-first-amended-complaint.pdf

- Elaine Beaty Beeler (BPR# 016583) is believed to be a U.S. citizen residing and domiciled at TN 37064
- Mary Elizabeth Maney Ausbrooks (BPR# 018097) is believed to be a U.S. citizen residing and domiciled at TN 37188
- Alexander Sergey Koval (BPR# 029541) is believed to be a U.S. citizen residing and domiciled at TN 37211
- Henry Edward Hildebrand III (BPR# 032168) is believed to be a U.S. citizen residing and domiciled at
- Charles M. Walker (BPR# 019884) is believed to be a U.S. citizen residing and domiciled at TN 37215
- Thomas Earl Eugene Anderson is believed to be a U.S. citizen residing and domiciled at TN 37206
- Roy Patrick Marlin is believed to be a U.S. citizen residing and domiciled at TN 37046
- Samuel Forrest Anderson (BPR# 017022) is believed to be a U.S. citizen residing and domiciled at TN 37215
- James Michael Hivner (BPR# 020405) is believed to be a U.S. citizen residing and domiciled at TN 38133
- John Brandon Coke (BPR# 029107) is believed to be a U.S. citizen residing and domiciled at TN 37211
- Sandra Jane Leach Garrett (BPR# 013863) is believed to be a U.S. citizen residing and domiciled at TN 37027
- Frank Goad Clement Jr. (BPR# 006619) is believed to be a U.S. citizen residing and domiciled at TN 37205
- Andy Dwane Bennett (BPR# 009894) is believed to be a U.S. citizen residing and domiciled at TN 37076
- William Neal McBrayer (BPR# 013879) is believed to be a U.S. citizen residing and domiciled at TN 37027
- Story and Abernathy, PLLP is a law firm located at 136 4th Avenue South, Franklin, TN 37064 (hereinafter "SA").
- Rothschild & Ausbrooks, PLLC is a law firm located at 110 Glancy Street, Suite 109, Goodlettsville, TN 37072 (hereinafter "R&A").
- Bankers Title & Escrow Corporation is a closing and title insurance company located at 3310 West End Avenue, Suite 540, Nashville, TN 37203 (hereinafter "BT&EC").
- Hostettler, Neuhoff & Davis, LLC is a real estate brokerage and auction company located at 421 East Iris Drive, Suite 300, Nashville, TN 37204-3140. (hereinafter "HN&D").
- McArthur Sanders Real Estate is a real estate brokerage located at 203 North Royal Oaks Boulevard, Franklin, TN 37067-3012 (hereinafter "MSRE").
- Spragins, Bartnett, & Cobb, PLCNS is a law firm located at 312 East Lafayette, Jackson, TN 38301-6220 (hereinafter "SB&C").
- Rubin Lublin TN, PLLC is a law firm located at 1661 International Drive, Suite 400, Memphis, TN 38301-6220 (hereinafter "RLTN").
- Bank of America Corporation is a financial institution located at 4909 Savarese Circle, Tampa, FL 33634-2413 (hereinafter "BOA").

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PLAINTIFF'S EXHIBIT

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Initials:

Case 1:23-cv-01097-PLM-RSK ECF No. 95-1, PageID.5242 Filed 09/30/24 Page 6 of 22

DEFENDANT: MARY BETH AUSBROOKS

RECEIVED SERVICE: 8/26/2024

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED	<b>STATES</b>	DISTRICT	Court			
C 41						

	Western District of Michigan
JEFFREY RYAN FENTON	) ) ) )
Plaintiff(s) V.	) Civil Action No. 1:23-cv-1097
VIRGINIA LEE STORY et al.,  Defendani(s)	) ) )

## SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Mary Elizabeth Maney Ausbrooks White House, TN 37188

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

Jeffrey Fenton 17195 Silver Parkway #150 Fenton, MI 48430

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

AUG 1 9 2024

Date:

5/23/2024

CLERK OF COURT

	S DISTRICT COURT
Western Distri	rict of Michigan
JEFFREY RYAN FENTON  Plaintiff(s)  v.	) ) ) ) Civil Action No. 1:23-cv-1097
VIRGINIA LEE STORY et al.,  Defendani(s)	) ) ) )
SUMMONS IN	A CIVIL ACTION
To: (Defendant's name and address)  Mary Elizabeth Maney Ausb  White House, TN 37188	prooks
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Jeffrey Fenton 17195 Silver Parkway #150 Fenton, MI 48430

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

AUG 1 9 2024	CLERK OF COURT
Date: <del>5/23/202</del> 4	Signature of Clerk or Deputy Clerk

Case 1:23-cv-01097-PLM-RSK ECF No. 95-1, PageID.5252 Filed 09/30/24 Page 16 of 22

DEFENDANT: CHARLES M. WALKER

RECEIVED SERVICE: 8/26/2024

AO 440 (Rev. 06/12) Summons in a Civil Action

	UNITED STA	ATES DISTRIC	T Cour	RT
		for the		FILED- LN
	Wester	rn District of Michigan	₹	September 30, 2024 11:54 AM CLERK OF COURT
				U.S. DISTRICT COURT WESTERN DISTRICT OF MICHIGAN
		)		BY: eod scanned by 900/9/30
JEFFREY I	RYAN FENTON	į		
Pla	nintiff(s) V.	) Civil A	ction No. 1:23	3-cv-1097
	••	)	1,0,	
		ý		
VIRGINIA LE	EE STORY et al.,	) "		
Def	endant(s)	— <u> </u>		
	SIIMMO	NS IN A CIVIL ACT	ION	
To: (Defendant's name and a		ca ca	2011	
	Nashville, TN 37215			
A lawsuit has been	en filed against you.			
are the United States or a P. 12 (a)(2) or (3) — you	United States agency, or a must serve on the plaintiff Procedure. The answer o	n officer or employee fan answer to the attac r motion must be serve	of the United hed complain	received it) — or 60 days if you States described in Fed. R. Civ. t or a motion under Rule 12 of tiff or plaintiff's attorney,
	nswer or motion with the c	court.	you for the re	lief demanded in the complaint.
nou I 9 2	747		11 .	A. Ward
Date: 5/23/202	24-	<u></u>	1 11118 x	4.100000

Signature of Clerk or Deputy Clerk

UNITED STATES DIS		FILED- LN September 30, 2024 11:54 AI CLERK OF COURT U.S. DISTRICT COURT WESTERN DISTRICT OF MICHIGAN BY: eod scanned by 2001 3
	Aichigan 🔽	September 30, 2024 11:54 AI CLERK OF COURT U.S. DISTRICT COURT WESTERN DISTRICT OF MICHIGAN
Western District of N )	Aichigan 🔽	September 30, 2024 11:54 AI CLERK OF COURT U.S. DISTRICT COURT WESTERN DISTRICT OF MICHIGAN
)	nemgan 🔼	CLERK OF COURT U.S. DISTRICT COURT WESTERN DISTRICT OF MICHIGAN
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JEFFREY RYAN FENTON		
Plaintiff(s)		
v. ,	Civil Action No. 1:23-	cv-1097
ý	•	
ý		
VIRGINIA LEE STORY et al.,		
VINOINIA ELE STOTT et al.,		
Defendant(s)		
SUMMONS IN A CIV	IL ACTION	
A lawsuit has been filed against you.  Within 21 days after service of this summons on you (not are the United States or a United States agency, or an officer or en P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the Federal Rules of Civil Procedure. The answer or motion must whose name and address are:  Jeffrey Fenton 17195 Silver Parkway #150 Fenton, MI 48430	nployee of the United S the attached complaint	tates described in Fed. R. Civ. or a motion under Rule 12 of
If you fail to respond, judgment by default will be entered. You also must file your answer or motion with the court.  AUG 1 9 2024  Date:5/-23/-2024	CLERK OF COUR	

DEFENDANT: CHARLES M. WALKER



210 S LEROY ST FENTON, MI 48430-9998

	800) 275-8777	
08/24/2024		02:06 PM
Product	Qty Unit Price	Price
Priority Mail® Nashville, TN Weight: 3 lb Expected Deliv Mon 08/26	10.90 oz very Date	\$14.25
Insurance		\$0.00
Remainted De		\$12.75
Recipient	name ES M WALKER	
CHARL	TO II BUFUEU	

Tracking #: → 70203160000230014889 Return Receipt Tracking #: 9590 9402 8627 3244 0681 83 Total \$31,10

Grand Total: \$200.20

Credit Card Remit Card Name: VISA

Account #: XXXXXXXXXXXXXXX359 Approval #: 314260

Transaction #: 188 AID: A0000000031010

AL: VISA CREDIT PIN: Not Required

UFN: 253200-0431

Receipt #: 840-54930020-3-6269723-1

Clerk: 05

RECEIVED SERVICE: 8/26/2024 U.S. Postal Service" CERTIFIED MAIL® RECEIPT Domestic Mail Only cO 3 15 hojiller TH 17215 Certified Mall Fee .043<u>1</u> 90 05 H xtra Services & Foes (check box, add fee as appropriate) Matum Receipt (hardcopy)

Return Receipt (electronic) Postmalk Cortified Mail Restricted Delivery
Adult Signature Required Horo I <del>\$</del>||-,+|| Adult Signature Restricted Delivery \$ 114.25 금 Total Postuge and Foce CHARLES M. WALKER NASHVILLE, TN 37215-

USPS TRACKING #

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

9590 9402 8627 3244 0681 83

**United States Postal Service** 

\$4.10

\$200.20

Chip

Sender: Please print your name, address, and ZIP+4° in this box\*

17195 SILVER PKWY PMB #150

48430-3426 FENTON, MI

դիմորիանրդիվիրդներիրըվիկաինինինիիրիրկաիսը

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the maliplece. or on the front if space permits.
- 1. Article Addressed to:

# CHARLES M. WALKER

NASHVILLE, TN 37215-

9590 9402 8627 3244 0681 83

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4889

PS Form 3811, July 2020 PSN 7530-02-000-9053

#### COMPLETE THIS SECTION ON DELIVERY

C. Date of Delivery

D. Is delivery address different from Item 1? If YES, enter delivery address below:

☐ Agent

Addressee

- Service Type
- ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
  ☐ Certified Mail®
  Certified Mail Restricted Delivery
- ☐ Collect on Delivery
  ☐ Collect on Delivery Restricted Delivery
  ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express® ☐ Registered Mail™
  ☐ Registered Mail Restricted
  Delivery
  ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery
- Domestic Return Receipt



**FENTON** 210 S LEROY ST FENTON, MI 48430-9998

(8	00)275-8	3777		
08/24/2024			02:06	PM
Product	Qty	Unit Price	Pri	ce
Priority Mail® Nashville, TN: Weight: 3 lb 1		. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$14.	25
Expected Deliver Mon 08/26/3	ery Date	3		
Insurance			\$0.	00
Up to \$100 Fermicated Del Recipient (		rided	\$12.	75
CHARLE	S M WALK	KER		
Tracking # 7020310 Return Receipt		014889	\$4.	10

Grand Total: \$200.20 Credit Card Remit \$200.20 Card Name: VISA Account #: XXXXXXXXXXXXX8359 Approval #: 314260 Transaction #: 188 AID: A000000031010 Chip AL: VISA CREDIT PIN: Not Required

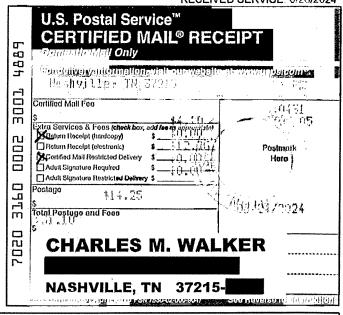
Tracking #: 9590 9402 8627 3244 0681 83

UFN: 253200-0431

Receipt #: 840-54930020-3-6269723-1

Clerk: 05

Total



USPS TRACKING#

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

9590 9402 8627 3244 0681 83

**United States Postal Service**  Sender: Please print your name, address, and ZIP+49 in this box

# 17195 SILVER PKWY PMB #150

FENTON, MI 48430-3426

յի հերբին անրդի իկրդանոր կրդուկին ընկին ի անհիչի ընկուլի ու ի

#### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the malipiece. or on the front if space permits.
- 1. Article Addressed to:

# CHARLES M. WALKER

NASHVILLE, TN 37215-

9590 9402 8627 3244 0681 83

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4889

PS Form 3811, July 2020 PSN 7530-02-000-9053

#### COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent Addressee

Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1? If YES, enter delivery address below:

☐ Yes

- May 1

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Cartified Mail Restricted Delivery

Contified Mail Restricted Delivery

Cotified Mail Description
Collect on Delivery
Collect on Delivery Restricted Delivery
Mail ☐ Insured Mall Restricted Delivery (over \$500)

☐ Priority Mail Express®
☐ Registered Mail<sup>™</sup>
☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

R L MOORE BANKERS TITLE & ESCROW CORPORATION 3310 WEST END AVE STE 540 NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.
HOSTETTLER, NEUHOFF & DAVIS, LLC
421 E IRIS DR STE 300
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

THOMPSONS STATION, TN 37179-

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

**HENRY EDWARD HILDEBRAND III** 

NASHVILLE, TN 37205-

**CHARLES M. WALKER** 

NASHVILLE, TN 37215-

**THOMAS E. ANDERSON** 

BRENTWOOD, TN 37027-

**R L MOORE BANKERS TITLE & ESCROW CORPORATION** 3310 WEST END AVE STE 540 **NASHVILLE, TN 37203-6802** 

> CARL A NEUHOFF, JR. HOSTETTLER, NEUHOFF & DAVIS, LLC **421 E IRIS DR STE 300** NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

**THOMPSONS STATION, TN 37179-**

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

HENRY EDWARD HILDEBRAND III

NASHVILLE, TN 37205-

**CHARLES M. WALKER** 

NASHVILLE, TN 37215-

**THOMAS E. ANDERSON** 

BRENTWOOD, TN 37027-

**DEFENDANT: MICHAEL W. BINKLEY** 



LINDEN

LINDE	215 S N, MI (800)2	4845	1-9998	
08/23/2024		275-0	,,, 	02:51 PM
Product	(	ty	Unit Price	
Priority Mail® Franklin, TN Weight: 3 lk Expected Del Mon 08/2	10.60     very	) ) oz Date		\$14.25
Insurance			udod	\$0.00
Up to \$1 Restricted [ Recipier	)el	•		\$12.75
★ Tracking				
Return Recei	pt	,0200	o. ,,	\$4.10
9590 Total	9402	8627	3244	0685 03 \$31.10
Grand Total:				\$31.10
Credit Card Remi Card Name: \	t /ISA	- 11 11		\$31.10

Account #: XXXXXXXXXXXXXXXX359

Receipt #: 840-54930036-1-5521667-2

Approval #: 313215 Transaction #: 660 AID: A000000031010

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Clerk: 6

RECEIVED SERVICE: 8/26/2024 U,S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only 47 ு For deliveryalniormation sylattours years and a sylvane and a second sylvania in the sylvane and second sylvania in the syl Franklin's IN 37069 OWN MIN HOLD 007 Certified Mail Fee 0451xtra Services & Fees (check box, add fee \$0°,00 Return Receipt (hardcopy) ПJ Return Receipt (electronic)
Sertified Mail Restricted Delivery
Adult Signature Required AUG Postmark 024 \$0.00 <del>40.0</del>0 Adult Signature Restricted Delivery \$ Postage \$14.25 08/2<del>3/2</del>024 Ⅱ Total Postage and Fees \$31.10 USPS 7021 MICHAEL W. BINKLEY FRANKLIN, TN 37069-

#### E THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailplece. or on the front if space permits.
- 1. Article Addressed to:

Chip

# MICHAEL W. BINKLEY

FRANKLIN, TN 37069-



9590 9402 8627 3244 0685 03

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4711

PS Form 3811, July 2020 PSN 7530-02-000-9053

	COMPLETE	THIS SECTIOI	V ON DELIVERY
--	----------	--------------	---------------

A. Signature

X

□ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

If YES, enter delivery address below:

This USPS Return Receipt Mysteriously Disappeared, Was Never Returned Even After Successful Delivery.

- 3. Service Type
- ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
  ☐ Certified Mail®
- ME Certified Mail Restricted Delivery
- Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail

- ☐ Insured Mail Restricted Delivery
- ☐ Priority Mail Express® ☐ Registered Mail™
- Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation **Restricted Delivery**



LINDEN 215 S MAIN ST LINDEN. MI 48451-9998

נאחנוץ, ו	11 4040 1)275-8		
08/23/2024			02:51 PM
Product	Qty	Unit Price	Price
Priority Mail® Franklin, TN 370 Weight: 3 lb 10 Expected Deliver Mon 08/26/20	.60 oz 'y Date	)	\$14.25
Insurance			\$0.00
Up to \$100.( Restricted Del Recipient no MICHAEL	ame		\$12.75
Tracking #:  → 70203160  Return Receipt  Tracking #:			\$4.10
9590 940 Total	02 8627	7 3244 0	685 03 \$31.10
Grand Total:			\$31.10
Credit Card Remit Card Name: VISA Account #: XXXXX Approval #: 3132 Transaction #: 6 AID: A0000000033	215 660	(X8359	\$31.10
UTD . VOODOOODO	1010		VIIIP

AL: VISA CREDIT PIN: Not Required

Receipt #: 840-54930036-1-5521667-2

UFN: 255460-0451

Clerk: 6

U,S. Postal Service™ CERTIFIED MAIL® RECEIPT 김 Domestic Mail Only 7 on deliverysinformationsylationsylabeliesettyvyyyuspasoom". Frankling III 37069 面加州杨 3007 Certified Mail Fee xtra Services & Fees (check box, \$0°00 Return Receipt (hardcopy) ш \$12.25 AUG Postman 2024 Return Receipt (electronic)
Certified Mail Restricted Delivery
Adult Signature Required \$0.00 <del>\$0.0</del>0 Adult Signature Restricted Delivery \$ \$14.25 ... 딤 08/2<del>3/2</del>024 Total Postage and Fees \$31.10 บ:เคร MICHAEL W. BINKLEY 김민 FRANKLIN, TN 37069-

#### 'E THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

# MICHAEL W. BINKLEY

FRANKLIN, TN 37069-



9590 9402 8627 3244 0685 03

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4711

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE	THIS S	ECTION	$o_N$	DELI	/ERY

A. Signature

X

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

If YES, enter delivery address below:

This USPS Return Receipt Mysteriously Disappeared, **Was Never Returned Even** After Successful Delivery.

- 3. Service Type
- ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
  ☐ Certifled Mail®
- M Certified Mail Restricted Delivery
- □ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- Insured Mall

- ☐ Insured Mall Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mali Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation
- **Restricted Delivery**



LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

08/24/2024 11:25 AM Product Qty Unit Price Price

Priority Mail® \$14.25 Franklin, TN 37064 Weight: 3 lb 10.80 oz Expected Delivery Date Mon 08/26/2024 Insurance \$0.00 Up to \$100.00 included Restricted Del \$12.75 Recipient name ELAINE B BEELER

Tracking #: → 70203160000230014704 Return Receipt \$4.10 Tracking #:

9590 9402 8627 3244 0684 97 Total \$31.10

Grand Total: \$147.60 Credit Card Remit \$147.60

Card Name: VISA Account #: XXXXXXXXXXXXX8359

Approval #: 014252 Transaction #: 185

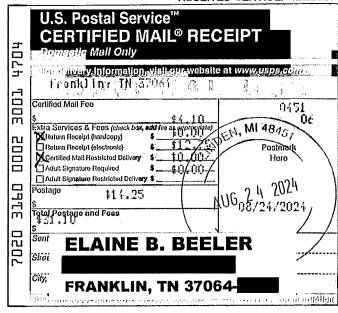
AID: A000000031010 Chip

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-3-6753461-2

Clerk: 06



USPS TRACKING#

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

9590 9402 8627 3244 0684 97

**United States Postal Service**  Sender: Please print your name, address, and ZIP+4° in this box\*

17195 SILVER PKWY PMB #150

FENTON, MI 48430-3426

դիրերդիուվորիրկունդնիիրդիրերենին հումիիկոներին գիսինը։

#### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print vour name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the malipiece. or on the front If space permits.
- 1. Article Addressed to:

# **ELAINE B. BEELER**

FRANKLIN, TN 37064-



9590 9402 8627 3244 0684 97

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4704

PS Form 3811, July 2020 PSN 7530-02-000-9053

# COMPLETE THIS SECTION ON DELIVERY

- A. Signature

- ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
- C. Date of Delivery
- D. Is delivery address different from Item 1? If YES, enter delivery address below:
  - This USPS Return Receipt **Was Mysteriously Missing** A Signature and Any

**Information About Delivery** 

- Service Type
- ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
- Certified Mail®
  Certified Mail Restricted Delivery
- ☐ Collect on Delivery
  ☐ Collect on Delivery Restricted Delivery ☐ Insured Mall ☐ Insured Mail Restricted Delivery (over \$500)
- Restricted Delivery

☐ Priority Mail Express® ☐ Registered Mail™

Registered Mall Restricted
 Delivery

☐ Signature Confirmation™
☐ Signature Confirmation



LINDEN 215 S MAIN ST LINDEN. MI 48451-9998 (800) 275-8777

08/24/2024 11:25 AM Product Qty Unit Price Price

Priority Mail® \$14.25 Franklin, TN 37064 Weight: 3 lb 10.80 oz Expected Delivery Date Mon 08/26/2024 Insurance \$0.00 Up to \$100.00 included Restricted Del \$12.75 Recipient name ELAINE B BEELER

Tracking #: → 70203160000230014704 Return Receipt \$4.10

Tracking #: 9590 9402 8627 3244 0684 97 Total \$31.10

Grand Total: \$147.60

Credit Card Remit \$147.60

Card Name: VISA Account #: XXXXXXXXXXXXXX8359

Approval #: 014252 Transaction #: 185 AID: A000000031010

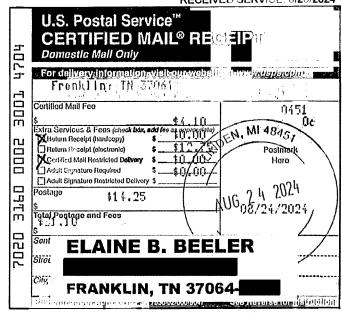
Chip AL: VISA CREDIT

PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-3-6753461-2

Clerk: 06



USPS TRACKING#

First-Class Mail Postage & Fees Paid Permit No. G-10

9590 9402 8627 3244 0684 97

**United States Postal Service**  Sender: Please print your name, address, and ZIP+4° in this box

**17195 SILVER PKWY** PMB #150

FENTON, MI 48430-3426

յիլնորիումբըլիցիրոնորհիրդին ինհինումիիկիների հիր

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece. or on the front if space permits.
- 1. Article Addressed to:

# **ELAINE B. BEELER**

FRANKLIN, TN 37064-



9590 9402 8627 3244 0684 97

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4704

PS Form 3811, July 2020 PSN 7530-02-000-9053

#### COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

This USPS Return Receipt **Was Mysteriously Missing** A Signature and Any **Information About Delivery** 

Service Type

- ☐ Adult Signature
  ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
  ☐ Certified Mail®
   Certified Mail Restricted Delivery
- ☐ Collect on Delivery
  ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail
  ☐ Insured Mail Restricted Delivery
  (over \$500)
- ☐ Priority Mail Express®
  ☐ Registered Mail™ ☐ Registered Mall Restricted
  ☐ Delivery
- ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

**DEFENDANT: VIRGINIA LEE STORY** 



LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

Qtv

08/24/2024

11:25 AM

Chip

Product

Unit Price Price

Priority Mail® \$14.25 Franklin, TN 37064 Weight: 3 lb 10.60 oz Expected Delivery Date Mon 08/26/2024 Insurance \$0,00 Up to \$100.00 included Restricted Del \$12.75 Recipient name VIRGINIA L STORY Tracking #: 70203160000230014919

Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0682 20 Total \$31.10

Grand Total: \$147.60

Credit Card Remit \$147.60

Card Name: VISA Account #: XXXXXXXXXXXXXX8359 Approval #: 014252

Transaction #: 185 AID: A000000031010

AL: VISA CREDIT

PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-3-6753461-2

Clerk: 06

RECEIVED SERVICE: 8/26/2024 U.S. Postal Service™ CERTIFIED MAIL® RECORDER TOTOLIN TOTOLING 1 Pomestic Mail Only Frankling TN 87061: 300J Certified Mail Fee Skyra Services & Fees (check box, add for a propry (pte)
Robum Receipt (hardcopy)
Robum Receipt (electronic)
Robum Receipt (electronic)
Certified Mail Restricted Delivery
Adult Signature Required
\$ 11 11 2024 Postmark Hero Adult Signature Restricted Delivery \$ 9 114,25 08/24/2024 TE Total Postago and Fees 7020 VIRGINIA LEE STORY FRANKLIN, TN 37064-

USPS TRACKING #

63

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

9590 9402 8627 3244 0682 20

**United States Postal Service**  Sender: Please print your name, address, and ZIP+4° in this box\*

**17195 SILVER PKWY** PMB #150 FENTON, MI 48430-3426

## SENDER: COMPLETE THIS SECTION

"Restricted Delivery" but not signed by rint your name and address on the reverse DEFENDANT as required.

Complete items 1, 2, and 3.

e that we can return the card to you.

ttach this card to the back of the malipiece,

or on the front if space permits.

1. Article Addressed to:

# VIRGINIA LEE STORY

FRANKLIN, TN

37064-



9590 9402 8627 3244 0682 20

7020 3160 0002 3001 4919

PS Form 3811, July 2020 PSN 7530-02-000-9053

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 126/36

If YES, enter delivery address below:

- 3. Service Type
- 3. Service type

  Adult Signature
  Adult Signature Restricted Delivery
  Cortified Mail®
  Cortified Mail Restricted Delivery
  Collect on Delivery
  Collect on Delivery
  Collect on Delivery
  Collect of Delivery
- ☐ Insured Mall
  ☐ Insured Mall Restricted Delivery (over \$500)
- ☐ Registered Mali Restricted Delivery ☐ Signature Confirmation™
  ☐ Signature Confirmation

☐ Priority Mail Express®
☐ Registered Mail™

Restricted Delivery



LINDEN 215 S MAIN ST LINDEN. MI 48451-9998 (800) 275-8777

08/24/2024 11:25 AM Product Qty Unit Price Price

Priority Mail® \$14.25 Franklin, TN 37064 Weight: 3 lb 10.60 oz Expected Delivery Date Mon 08/26/2024 Insurance \$0.00 Up to \$100.00 included Restricted Del \$12,75 Recipient name VIRGINIA L STORY Tracking #:

→ 70203160000230014919 Return Receipt \$4.10 Tracking #:

9590 9402 8627 3244 0682 20 \$31.10 Total

Grand Total: \$147,60

Credit Card Remit \$147.60

Chip

Card Name: VISA Account #: XXXXXXXXXXXXXXX359 Approval #: 014252

Transaction #: 185 AID: A000000031010

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-3-6753461-2

Clerk: 06



USPS TRACKING #

First-Class Mall Postage & Fees Paid USPS Permit No. G-10

9590 9402 8627 3244 0682 20

United States **Postal Service** 

Sender: Please print your name, address, and ZIP+4° in this box\*

**17195 SILVER PKWY** PMB #150 FENTON, MI 48430-3426

<u> [։ Արևի Արդիր ինդիին դերանակում արևի արևի արևուդին հիվինիիի</u>

## SENDER: COMPLETE THIS SECTION

"Restricted Delivery" but not signed by rint your name and address on the reverse **DEFENDANT** as required.

Complete Items 1, 2, and 3.

e that we can return the card to you.

ttach this card to the back of the malipiece, or on the front if space permits.

1. Article Addressed to:

# VIRGINIA LEE STORY

FRANKLIN, TN

37064-

9590 9402 8627 3244 0682 20

2 Article Number /Tonneles 4 7020 3160 0002 3001 4919

PS Form 3811, July 2020 PSN 7530-02-000-9053

#### COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent ☐ Addressee

B, Received by (Printed Name)

C. Date of Delivery \$126 JOU

If YES, enter delivery address below:

3. Service Type

Adult Signature
 Adult Signature Restricted Dolivery
 Cortified Mail®
 Cortified Mail®
 Collect on Delivery
 Collect on Delivery

☐ Insured Mall
☐ Insured Mall Restricted Delivery (over \$500)

☐ Signature Confirmationt
☐ Signature Confirmation

**Restricted Delivery** 

Domestic Return Receipt

☐ Priority Mail Express®

☐ Registered Mail™ ☐ Registered Mail Restricted Delivery **DEFENDANT: KATHRYN YARBROUGH** <u>UNITED STATES</u> POSTΔL SERVICE. LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800)275-8777 09/04/2024 01:45 PM Product Oty Unit Price Price Priority Mail® \$14.25 Thompsons Station, TN 37179 Weight: 3 lb 12.00 oz Expected Delivery Date Fri 09/06/2024 \$0.00 Insurance Up to \$100.00 included Restricted Del \$12.75 Recipient name KATHRYN I. YARBROUGH Tracking #: **→ 70203160000230014698** Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0684 80 \$31.10 Total \_\_\_\_\_ \$85.40 Grand Total: \$85.40 Credit Card Remit Card Name: VISA Account #: XXXXXXXXXXXXXX8359 Approval #: 214054 Transaction #: 241 Chip AID: A0000000031010 AL: VISA CREDIT PIN: Not Required

RECEIVED SERVICE: 9/06/2024 SECOND SERVICE ATTEMPT U.S. Postal Service" CERTIFIED MAIL® RECEIPT Domestic Mail Only 井 Thompsons Stotion (gliver) 3007 SQEM. IM 487306 Certified Mall Fee <u>\$4.10</u> Extra Services & Fees (checkbox, add tee at graffite) Rotum Receipt (hardcepy)

Return Receipt (electronic) \$12.75 Postmark M.OU Horo 2054 Certified Mall Restricted Delivery Adult Signature Required \$0.00  $\theta_{P}$ Adult Signature Restricted Delivery \$ Postago \$14,25 П 09/04/2024 표 Total Posinge and Foos 7020 ਹਤਾ KATHRYN YARBROUGH Štř. Ċii THOMPSONS STATION, TN 37179

**USPS TRACKING #** 

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

**्डल्ड सम्पन्नलङ्** छुटेसिसी*स*म्हित

08 4840 445E 7548 504P 0P2P

**United States Postal Service**  Sender: Please print your name, address, and ZIP+4<sup>o</sup> in this box

# 17195 SILVER PKWY PMB #150

FENTON, MI 48430-3426

UFN: 255460-0451

Receipt #: 840-54930036-3-6764826-2

Clerk: 06

SENDER: C	OMPLETE	THIS SECTION
-----------	---------	--------------

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the maliplece, or on the front if space permits.
- 1. Article Addressed to:

# KATHRYN YARBROUGH

**THOMPSONS STATION, TN 37179** 



9590 9402 8627 3244 0684 80

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4698

PS Form 3811, July 2020 PSN 7530-02-000-9053

#### COMPLETE THIS SECTION ON DELIVERY

- A. Signature
- X

- ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
- C. Date of Delivery
- If YES, enter delivery address below:

RESTRICTED

- 3. Service Type

- Adult Signature
   Adult Signature Restricted Delivery
   Certified Mail®
   Certified Mail Restricted Delivery
   Collect on Delivery
   Collect on Delivery
   Collect National Restricted Delivery
   Collect National Restricted Delivery
- ☐ Insured Mall
  ☐ Insured Mail Featricted Delivery (over \$500)
- ☐ Signature Confirmation Restricted Delivery

**Domestic Return Receipt** 

☐ Priority Mall Express® ☐ Registered Mall™

☐ Registered Mall Restricted Delivery

☐ Signature Confirmation™

09/04/2024

Priority Mail®

Insurance

Restricted Del

Return Receipt

Tracking #:

Product

UNITED STATES POSTAL SERVICE.

Unit

Price

01:45 PM

Price

\$14.25

\$0.00

\$12.75

\$4.10

\$31.10

\$85.40

\$85.40

Chip

215 S MAIN ST LINDEN, MI 48451-9998

(800)275-8777

Qty

Thompsons Station, TN 37179 Weight: 3 lb 12.00 oz

Up to \$100.00 included

Recipient name KATHRYN L YARBROUGH

→ 70203160000230014698

Tracking #: 9590 9402 8627 3244 0684 80

Expected Delivery Date

Fri 09/06/2024



**USPS TRACKING #** 



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Soe Hevereo confide Dallonia

9590 9402 8627 3244 0684 80

**United States Postal Service**  Sender: Please print your name, address, and ZIP+4° in this box\*

(95<sub>т</sub> кулиртоми<mark>тарине</mark> илогентрация оказати

**17195 SILVER PKWY** PMB #150

FENTON. MI 48430-3426

UFN: 255460-0451

Grand Total: Credit Card Remit

Receipt #: 840-54930036-3-6764826-2

Card Name: VISA Account #: XXXXXXXXXXXXXX8359

Approval #: 214054 Transaction #: 241

AID: A000000031010

AL: VISA CREDIT

PIN: Not Required

Clerk: 06

GEVIDED	· COMIDI	ETE THIS	SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the malipiece, or on the front if space permits.
- 1. Article Addressed to:

# KATHRYN YARBROUGH

THOMPSONS STATION, TN 371794



9590 9402 8627 3244 0684 80

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4698

PS Form 3811, July 2020 PSN 7530-02-000-9053

A. Signature

X

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

If YES, enter delivery address below:

RESTRICTED

3. Service Type

☐ Adult Signature

Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

Restricted Delivery

☐ Priority Mail Express® ☐ Registered Mail™

☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™
☐ Signature Confirmation

**DEFENDANT: ALEXANDER S. KOVAL** 





LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800)275-8777

08/24/2024 10:59 AM

Product 0ty Unit Price

Priority Mail® 1 \$14.25

Nashville, TN 37211

Weight: 3 lb 10.80 oz

Expected Delivery Date

Mon 08/26/2024

Insurance \$0.00

Up to \$100.00 included

Restricted Del \$12.75

Recipient name

ALEXANDER S KOVAL

Tracking #:

▼ → 70203160000230014728
Total \$27.00

AID: A0000000031010 Chip AL: VISA CREDIT

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-3-6753228-2

Clerk: 06



· Case 1:23-cv-01097-PLM-RSK ECF No. 96-1, PageID.5272 Filed 10/04/24 Page 8 of 21

DEFENDANT: HENRY EDWARD HILDEBRAND III





LINDEN 215 S MAIN ST LINDEN. MI 48451-9998 (800) 275-8777

\$120.30

Chip

08/24/2024			10:59	AM
Product	Qty	Unit Price		ice
Priority Mail® Nashville, T Weight: 3 lb Expected Del	1 N 37205 10.40 oz Ivery Date		\$14	

Mon 08/26/2024 Insurance \$0.00 Up to \$100.00 included Restricted Del \$12.75 Recipient name HENRY E HILDEBRAND

Tracking #: 70203160000230014803 Return Receipt

\$4.10 Tracking #: 9590 9402 8627 3244 0683 98 Total \$31.10

Grand Total: \$120.30

Credit Card Remit Card Name: VISA

Account #: XXXXXXXXXXXXXXX8359

Approval #: 904295 Transaction #: 184 AID: A0000000031010

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451 Receipt #: 840-54930036-3-6753228-2

Clerk: 06



DEFENDANT: CHARLES M. WALKER



210 S LEROY ST FENTON, MI 48430-9998

	(800)275-8	777	
08/24/2024			02:06 PM
Product	Qty	Unit Price	Price
Priority Mail® Nashville, 1 Weight: 3 lb E×pected Del Mon OB/2	10.90 oz Ivery Date		\$14.25
Insurance			\$0.00
Recipier Recipier CHAF	nt name RLES M WALK		\$12.75
Tracking → 7020 Return Recei Tracking	)3160000230 pt	014889	\$4.10

Grand Total: \$200,20

9590 9402 8627 3244 0681 83

\$31.10

Credit Card Remit \$200,20 Card Name: VISA

Account #: XXXXXXXXXXXXXXX8359 Approval #: 314260

Transaction #: 188 AID: A0000000031010 Chip

AL: VISA CREDIT PIN: Not Regulred

UFN: 253200-0431

Receipt #: 840-54930020-3-6269723-1

Clerk: 05

Total

RECEIVED SERVICE: 8/26/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only For delivery information visit our website Ŧ Hoshwille: JN 37315 SQL 31 05 Certified Mail Fee 品 Postmatk Centified Mail Restricted Delivery
| Mult Signature Required Horo , Adult Signature Restricted Delivery \$ Postage \$14,25 他到4172024 급 Total Postage and Fees 밉 **CHARLES M. WALKER** 2 NASHVILLE, TN 37215-

USPS TRACKING #

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

9590 9402 8627 3244 O681 83

**United States Postal Service**  Sender: Please print your name, address, and ZIP+4° in this box\*

# 17195 SILVER PKWY PMB #150

48430-3426 FENTON, MI

դի հայրին մերդի իկրդի գիկրդովին ընկին ին հեկի իր հին կուր

# SENDER: COMPLETE THIS SECTION

"Restricted Delivery" but not signed by Complete Items 1, 2, and 3. **DEFENDANT** as required.

Print your name and address on the reverse to that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

# CHARLES M. WALKER

NASHVILLE, TN 37215-



9590 9402 8627 3244 0681 83

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4889

PS Form 3811, July 2020 PSN 7630-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

☐ Agent Addressee

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

Service type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Cortified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery
 Insured Mail
 Insu

☐ Registered Mail™
☐ Registered Mail Restricted
Delivery
☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

☐ Priority Mail Express®

**Domestic Return Receipt** 

Insured Mail Restricted Dollvery (over \$500)



210 S LEROY ST FENTON, MI 48430-9998 (800) 275-8777

08/24/2024 02:06 PM Qty Unit Price Product \$14.25 Priority Mail® Nashville, TN 37215 Weight: 3 lb 10.90 oz Expedited Delivery Date Mon 08/26/2024 \$0.00 Insurance Up to \$100.00 included \$12.75 Remarked Del Recipient name CHARLES M WALKER Tracking #: 70203160000230014889 Return Receipt \$4,10 Tracking #:

Grand Total: \$200.20

9590 9402 8627 3244 0681 83

\$31,10

\$200,20

Credit Card Remit Card Name: VISA Account #: XXXXXXXXXXXXXX8359

Approval #: 314260 Transaction #: 188 AID: A0000000031010

Chip AL: VISA CREDIT

PIN: Not Required

UFN: 253200-0431

Receipt #: 840-54930020-3-6269723-1

Clerk: 05

Total

U.S. Postal Service™ CERTIFIED MAIL® REGELPT DomesticiMali Only cΩ Fordelivery information visit our website stawky, uspecular Hashwill gr (TN: 57215 // Certified Mall Fee **5**0431 05 Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy)

Return Receipt (electronic)

\$ 1 1 **Postmark** Certified Mail Restricted Delivery
Adult Signature Required Here Adult Stanature Restricted Delivery \$ \$14,25 **进程进行2024** 급 Total Postage and Fees 밉 **CHARLES M. WALKER** NASHVILLE, TN 37215-

USPS TRACKING#

First-Class Mail Postage & Fees Pald USPS Permit No. G-10

9590 9402 8627 3244 0683 83

**United States Postal Service**  Sender: Please print your name, address, and ZIP+46 in this box

# 17195 SILVER PKWY PMB #150

FENTON, MI 48430-3426

<u>,|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-1-,-|-</u>

"Restricted Delivery" but not signed by complete Items 1, 2, and 3. **DEFENDANT** as required.

**SENDER: COMPLETE THIS SECTION** 

rint your name and address on the reverse o that we can return the card to you.

Attach this card to the back of the malipiece. or on the front if space permits.

1. Article Addressed to:

# CHARLES M. WALKER

NASHVILLE, TN 37215-



9590 9402 8627 3244 0681 83

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4889

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent Addressee

B. Received by (Printed Name) MIPPHA WA

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

3. Service Type
☐ Adult Signature
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®

Certified Mall Restricted Delivery
Collect on Delivery
Collect on Delivery Restricted Delivery

☐ Insured Mall Insured Mall Restricted Delivery (over \$500)

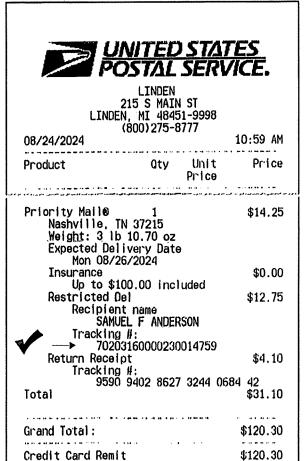
☐ Signature Confirmation™
☐ Signature Confirmation

Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery

#4

**DEFENDANT: SAMUEL F. ANDERSON** 



Card Name: VISA

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Clerk: 06

Approval #: 904295 Transaction #: 184 AID: A000000031010

Account #: XXXXXXXXXXXXXX8359

Receipt #: 840-54930036-3-6753228-2

RECEIVED SERVICE: 8/26/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT m Domestic Mail Only 7 For delivery information, visit our website always ay un principal and a Noshyille: TN 37215 151 W 1819 151 Certified Mail Fee  $\overline{\Box}$ 06 m xtra Services & Fees (check box, add fe Postmark 2 4 Parpark Hoturn Receipt (hardcopy)

| Return Receipt (electronic) ш Cortified Mail Restricted Delivery
Adult Signature Required 1g\_00/\_ <del>40.0</del>0-Adult Signature Restricted Delivery \$ Postago 114.25 ட 08/24/202 田 Total Postage and Fees \$31.1U SAMUEL F. ANDERSON пu 己 37215-NASHVILLE, TN ការពីសាស្តារជាមានប្រធានមិន **សាស្តា**នសាស្តារការណ៍ និង នេះ នៅក្នុងនៃពីពេក ប្រៀបប្រវត្តិក្រុម

HIS SECTION

■ Complete items 1, 2, and 3.

Chip

■ Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the malipiece. or on the front if space permits.

1. Article Addressed to:

# **SAMUEL F. ANDERSON**

**NASHVILLE, TN** 37215-



9590 9402 8627 3244 0684 42

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4759

PS Form 3811, July 2020 PSN 7530-02-000-9053

A. Signature	
x	☐ Agent
	☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from it If YES, enter delivery address bel	em 1? Yes ow: No
This USPS Retu	•
Mysteriously Di	<b>*</b> *
It was Never Ret	urned Afte
The Successfu	<b>I Delivery</b>

**COMPLETE THIS SECTION ON DELIVERY** 

- 3. Service Type
- □ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mali®

  E Certified Mall Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™ ☐ Signature Confirmation **Restricted Delivery** 

LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

08/24/2024			10:59 AM
Product	Qty	Unit Price	Price
و		بر او دو	44 00 44 48 8 4 44 40 40 40 40 40 40 40 40 40 40 40 40 40 4

Priority Mail® 1	\$14.25
Nashville, TN 37215	
Weight: 3 lb 10.70 oz	
Expected Delivery Date	
Mon 08/26/2024	
Insurance	\$0.00
Up to \$100,00 included	
Restricted Del	\$12.75
Recipient name	•
SAMUEL F ANDERSON	
Tracking #:	
70203160000230014759	
Datum Donaint	ተለ ተበ

Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0684 42 \$31.10 Total Grand Total: \$120.30 Credit Card Remit \$120.30 Card Name: VISA

Account #: XXXXXXXXXXXXXX8359 Approval #: 904295

Transaction #: 184 AID: A000000031010

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-3-6753228-2

Clerk: 06

#### RECEIVED SERVICE: 8/26/2024 U.S. Postal Service™ CERTIFIED MAIL® REGEIR 117 Domestic Mall Only ហ For delivery.information, visit our website នៅដូចរបស់ប្រធានការបាន និង = Nashyillei IN 37215 口 MI 1815/151 Certified Mail Fee E 06 xtra Services & Fees (check box, "10"200" Hoturn Receipt (hardcopy) Return Receipt (electronic) ш Postmark MADE Certified Mail Restricted Delivery Adult Signature Required tr/\_00/ <del>40.</del>00-Adult Signature Restricted Delivery \$ 114.25 ш 08/24/202 표 Total Postage and Fees 밉 SAMUEL F. ANDERSON 37215-NASHVILLE, TN . outri अवववस्थितिष्ठार्यात् प्रथात् एर्ड्स्स्य स्थानस्थात् । स्थानस्थात् । अस्य संवर्षाक्षयात्रस्य । सः । सः

## HIS SECTION

■ Complete items 1, 2, and 3.

Chip

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the malipiece, or on the front if space permits.
- 1. Article Addressed to:

# SAMUEL F. ANDERSON

37215-**NASHVILLE, TN** 



9590 9402 8627 3244 0684 42

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4759

PS Form 3811, July 2020 PSN 7530-02-000-9053

- A. Signature

1

- ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
- C. Date of Delivery
- If YES, enter delivery address below:

# This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- 3. Service Type
- □ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail® **Example 1**Example 10 Delivery
- ☐ Collect on Delivery
  ☐ Collect on Delivery Restricted Delivery
- C Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express® ☐ Registered Mali™
- ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Case 1:23-cv-01097-PLM-RSK ECF No. 96-1, PageID.5275 Filed 10/04/24 Page 11 of 21

DEFENDANT: JAMES MICHAEL HIVNER <u>UNITED STATES</u> POSTAL SERVICE. FENTON 210 S LEROY ST FENTON, MI 48430-9998 (800)275-8777 02:06 PM 08/24/2024 Qty Unit Price Product Priority Mail® \$16.95 Memphis, TN 38133 Weight: 3 lb 10.80 oz Expected Delivery Date Tue 08/27/2024 Insurance \$0.00 Up to \$100.00 included Restricted Del \$12.75 Recipient name JAMES M HIVNER Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0683 81 \$33.80 Grand Total: Credit Card Remit \$200.20 Card Name: VISA Account #: XXXXXXXXXXXXX8359 Approval #: 314260 Transaction #: 188 AID: A0000000031010 AL: VISA CREDIT Chip PIN: Not Required UFN: 253200-0431 Receipt #: 840-54930020-3-6269723-1

Clerk: 05

	RECEIVE	D SERVICE: 8/27/2024
4834	U.S. Postal Service™ CERTIFIED MAIL® REC Domestic Mail Only	EIPij
1	For delivery information, visit our website flemph; s.r., TN, 38133	atovin <sup>(</sup> wdispisicion)
3007	Certified Mail Fee \$ [Extra Services & Fees (check box, add fee or appropriate)]	OTOMS.
2000	Return Receipt (nardcopy)   \$   113,001     Return Receipt (electronic)   \$   12,001     Certified Mail Restricted Delivery   \$   10,001	Postmark Horo
3760 0	Adult Signature Required \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	08/3 <del>91/20</del> 24
7020	JAMES MICHAEL HI	VNER
	BARTLETT, TN 3813	3- Sea novo se or <u>Informica</u>

FENTON 210 S LEROY ST FENTON, MI 48430-9998 (800)275-8777

02:06 PM 08/24/2024 Qty Unit Price Product Price

Priority Maile \$16.95 Memphis, TN 38133 Weight: 3 lb 10.80 oz Expected Delivery Date Tue 08/27/2024 \$0.00 Insurance Up to \$100.00 included Restricted Del \$12.75 Recipient name JAMES M HIVNER Tracking #: 70203160000230014834 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0683 81

Grand Total:

\$33.80

Credit Card Remit \$200.20 Card Name: VISA Account #: XXXXXXXXXXXXXX8359 Approval #: 314260

Transaction #: 188

AID: A0000000031010 AL: VISA CREDIT Chip PIN: Not Required

UFN: 253200-0431

Receipt #: 840-54930020-3-6269723-1

Clerk: 05

RECEIVED SERVICE: 8/27/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIP H Pomestic Mail Only or delivery information visitopy website at www.usps.com... Memphilay: TH: 38133 Certified Mail Fee 10451 田田 MOMOS Extra Services & Fees (check box, add fee of appropriate)
Holum Receipt (hardcopy) Heturn Receipt (electronic) Postmark ta.00 Hora : <u>\* † û û û û</u> Adult Signature Restricted Delivery \$ 08/24/2024 Total Postage and Fees 밉 JAMES MICHAEL HIVNER BARTLETT, TN 

DEFENDANT: ANDY DWANE BENNETT



215 S MAIN ST LINDEN, MI 48451-9998 (800)275-8777

08/28/2024 04:09 PM Product Qty Price Unit Price

Priority Mail® \$14.25 Hermitage, TN 37076 Weight: 3 lb 11,20 oz Expected Delivery Date Fri 08/30/2024 Insurance \$0.00 Up to \$100.00 included Restricted Del \$12.75 Recipient name ANDY D BENNETT Tracking #: 70202450000036715150 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0682 99 Total

RECEIVED SERVICE: 9/3/2024 U.S. Postal Service™ CERTIFIED MAIL® REGELPT Domestic Mail Only ū 11 63 Cortified Mall Fee 36. Extra Services & Fees (check box, MReturn Receipt (hardcopy) Return Receipt (electronic) Pontmark 5 Alore 05/7/7 000 Certified Mail Restricted Delivery

Adult Signature Required AUG Adult Signature Restricted Delivery \$ Postago 20 Total Postage and Fees 밉 ANDY DWANE BENNETT 민 37076-HERMITAGE, TN

UFN: 255460-0451

Grand Total:

Credit Card Remit

Card Name: VISA

AL: VISA CREDIT PIN: Not Required

Approval #: 518290 Transaction #: 717 AID: A000000031010

Receipt #: 840-54930036-1-5531338-2

Account #: XXXXXXXXXXXXXXX8359

Clerk: 6

# HIS SECTION

\$303.60

\$303.60

Complete items 1, 2, and 3.

Chip

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

# **ANDY DWANE BENNETT**

HERMITAGE, TN 37076-



9590 9402 8627 3244 0682 99

2 Article Number (Transfer from service label) 7020 2450 0000 3671 5150

PS Form 3811, July 2020 PSN 7530-02-000-9053

#### COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

If YES, enter delivery address below:

# This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- 3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mali®
- Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™ ☐ Registered Mail Restricted
- Delivery
- ☐ Signature Confirmation™ ☐ Signature Confirmation
- Restricted Delivery



LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800)275-8777

08/28/2024 04:09 PM Product Unit Price Price

Priority Mail® \$14,25 Hermitage, TN 37076 Weight: 3 lb 11,20 oz Expected Delivery Date Fri 08/30/2024 Insurance \$0.00 Up to \$100.00 included Restricted Del \$12.75 Recipient name ANDY D BENNETT Tracking #: 70202450000036715150 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0682 99 Total \$31.10 Grand Total: \$303.60 Credit Card Remit \$303.60 Card Name: VISA Account #: XXXXXXXXXXXXXX8359 Approval #: 518290 Transaction #: 717 AID: A0000000031010 Chip

AL: VISA CREDIT PIN: Not Required

Receipt #: 840-54930036-1-5531338-2

UFN: 255460-0451

Clerk: 6

	U.S. Postal Service™
	CERTIFIED MAIL® RECEIPT
	Domesti <b>c Ma</b> il Only
51.50	
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7020	ANDY DWANE BENNETT
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	HEDRITAGE THE STOTE
	HERMITAGE, TN 37076-
<u> </u>	The action of the state of the

#### HIS SECTION

 $\blacksquare$  Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece. or on the front if space permits.

1. Article Addressed to:

# ANDY DWANE BENNETT

HERMITAGE, TN 37076-



9590 9402 8627 3244 0682 99

2 Article Number (Transfer from service label) 7020 2450 0000 3671 5150

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPL	ETE THI	S SECTION	ON DEL	<b>IVER</b>
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A. Signature

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

If YES, enter delivery address below:

This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- 3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- Certified Mall Restricted Delivery
- ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mali
- ☐ Insured Mall Restricted Delivery (over \$500)
- ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

☐ Priority Mall Express®

☐ Registered Mall™ ☐ Registered Mail Restricted Delivery

DEFENDANT: FRANK GOAD CLEMENT JR.



AID: A000000031010

Receipt #: 840-54930036-1-5531338-2

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Clerk: 6

U.S. Postal Service'" CERTIFIED MAIL® HEGELPI Domestic Mail Only .975 For delivery information, visit [16] 中国 [12] [12] [13] [3] [3] Certified Mail Foo H Extra Services & Fees (check box, add fee as an Return Receipt (electronic) UG 28 11024 Certified Mail Restricted Delivery
Adult Signature Required Adult Signature Restricted Delivery \$ ostaga 20 Total Postage and Fees īu FRANK GOAD CLEMENT JR. 문 37205-NASHVILLE, TN representation (i. 1644).

RECEIVED SERVICE: 8/30/2024

#### SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

Chip

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mallpiece. or on the front if space permits.
- 1. Article Addressed to:

### FRANK GOAD CLEMENT JR.

NASHVILLE, TN 37205-



9590 9402 8627 3244 0682 82

2 Article Number (Transfer from seniice lebell 7020 2450 0000 3671 5167

PS Form 3811, July 2020 PSN 7530-02-000-9053

A. Signature

X

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

If YES, enter delivery address below:

## This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- 3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery
- ☐ Priority Mail Express® ☐ Registered Mail™
- Registered Mail Restricted
   Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery



215 S MAIN ST LINDEN, MI 48451-9998 (800)275-8777

08/28/2024 04:09 PM Price Product Qty Unit Price

Priority Mail® \$14.25 Nashville, TN 37205 Weight: 3 lb 11.40 oz Expected Delivery Date Fri 08/30/2024 \$0.00 Insurance Up to \$100.00 included Restricted Del \$12.75 Recipient name FRANK G CLEMENT Tracking #: → 70202450000036715167 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0682 82 \$31.10 lotal

Grand Total: \$303.60 Credit Card Remit \$303.60

Card Name: VISA Account #: XXXXXXXXXXXXXX8359

Approval #: 518290 Transaction #: 717

AID: A0000000031010 Chip

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5531338-2

Clerk: 6

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mall Only For delivery information, visit our website at www.usps.com 15-30% 电子电话报**3-3**0% A 河山原 Cortified Mail Foo Extra Services & Fees (check be.

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Return Receipt (electronic) m Postmark Hebr Certified Mali Restricted Delivery
Adult Signature Required UG 28 Adult Signature Restricted Delivery \$ Postago 20 Total Postage and Foos п USPS FRANK GOAD CLEMENT JR. 2 37205-NASHVILLE, TN no everee for

### **SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mallpiece, or on the front if space permits.
- 1. Article Addressed to:

### FRANK GOAD CLEMENT JR.

NASHVILLE, TN 37205-



9590 9402 8627 3244 0682 82

2 Article Number (Transfer from sentice John! 7020 2450 0000 3671 5167

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPL	ETE THIS	SECTION	ON DELI	VERY
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A. Signature

X

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

If YES, enter delivery address below:

## This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- 3. Service Type
- ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®

  Certified Mail Restricted Delivery
- ☐ Collect on Delivery
  ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mall
  ☐ Insured Mall Restricted Delivery (over \$500)

☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

☐ Priority Mall Express®

☐ Registered Mail<sup>™</sup> ☐ Registered Mall Restricted Delivery

**DEFENDANT: WILLIAM NEAL MCBRAYER** 



Restricted Del \$12.75 Recipient name WILLIAM N MCBRAYER Tracking #: 70202450000036715136 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0682 75 Total \$31.10 Grand Total: \$303,60

Credit Card Remit \$303.60 Card Name: VISA Account #: XXXXXXXXXXXXX8359 Approval #: 518290 Transaction #: 717 AID: A000000031010 Chip

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5531338-2

Clerk: 6

#### RECEIVED SERVICE: 8/31/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only Ħ For delivery information, visit our website at www.usps.com 2 医有种性 自自治學 Certified Mail Fee .п Extra Services & Fees (check box, add too (15 approximate) Fleturn Receipt (hardcopy) m Return Receipt (electronic) Postmark -28 Certified Mail Restricted Delivery Adult Signature Required Adult Signature Restricted Delivery \$ ostage 20 114.25 Total Postage and Foos 밉 WILLIAM NEAL MCBRAYER **ERENTWOOD, TN 37027-**Instruction

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailplece. or on the front if space permits.
- 1. Article Addressed to:

## **WILLIAM NEAL MCBRAYER**

BRENTWOOD, TN 37027



9590 9402 8627 3244 0682 75

vite en Missiplan Linna annilan labort 7020 2450 0000 3671 5136

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS	SECTION	ONIDEL	II/EDV
CONFLETE INIO	SECTION	ON DEL	VED

A. Signature

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

☐ Agent

If YES, enter delivery address below:

## This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- Service Type
- ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
- ☐ Certifled Mail®
- Certified Mail Restricted Delivery
- ☐ Collect on Delivery
  ☐ Collect on Delivery Restricted Delivery
- Insured Mail
- ☐ Insured Mail Restricted Delivery

☐ Priority Mall Express®

☐ Signature Confirmation™

☐ Signature Confirmation

Restricted Delivery

☐ Registered Mail™ ☐ Registered Mall Restricted

Delivery

LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

08/28/2024 04:09 PM Qty Unit Product Price Price

Priority Mail® \$14.25 Brentwood, TN 37027 Weight: 3 lb 11.00 oz Expected Delivery Date Fri 08/30/2024 Insurance \$0.00 Up to \$100.00 included Restricted Del \$12.75 Recipient name WILLIAM N MCBRAYER Tracking #: 70202450000036715136 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0682 75 **Total** \$31.10

Grand Total: \$303,60 Credit Card Remit \$303.60

Card Name: VISA Account #: XXXXXXXXXXXXXX8359 Approval #: 518290

Transaction #: 717

AID: A0000000031010 AL: VISA CREDIT

PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5531338-2

Clerk: 6

RECEIVED SERVICE: 8/31/2024 U.S. Postal Service™ CERTIFIED MAIL® REGEIPT Domestic Mail Only m For delivery information, visit our website at www.lisps.com? Be a spile of the second in IN M Certified Mall Fee \_n Extra Services & Fees (check box, add toe Phelum Receipt (hardcopy) m 0000 Return Receipt (electronic) Contified Mail Restricted Delivery \$

Adult Signature Required \$ Adult Signature Restricted Delivery \$ 20 \$14.25 Total Postago and Foos USPS 밉 **WILLIAM NEAL MCBRAYER** ERENTWOOD, TN 37027-

## SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

Chip

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the malipiece, or on the front if space permits.
- 1. Article Addressed to:

## **WILLIAM NEAL MCBRAYER**

BRENTWOOD, TN 37027



9590 9402 8627 3244 0682 75

7020 2450 0000 3671 5136

PS Form 3811, July 2020 PSN 7530-02-000-9053

#### COMPLETE THIS SECTION ON DELIVERY

A. Signature

63

X

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

If YES, enter delivery address below:

This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- 3. Service Type
- ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®

  Certified Mail Restricted Delivery
- ☐ Collect on Delivery
  ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

☐ Priority Mall Express®

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

☐ Registered Mail™ ☐ Registered Mall Restricted

Delivery

**DEFENDANT: TENNESSEE SUPREME COURT** 

# UNITED STATES POSTAL SERVICE

LINDEN 215 S MAIN ST

LINDEN, M	I 484! ) 275-!	51-9998 3777	2:07 PM
Product	Qty	Unit Price	Price
Priority Mail® Knoxville, TN 37 Weight: 9 lb 2.2 Expected Deliver Thu 09/12/20	919 oz y Date	)	\$18.85
Insurance	- •		\$0.00
Up to \$100.00 Restricted Del Recipient nam SHARRON ( Tracking #:	me	luded	\$12.75
Return Receipt Tracking #:		5716188 3 3156 9888	\$4.10
Total	L 0-110	, 0100 0000	\$35.70
Grand Total:			\$35.70

Credit Card Remit

UFN: 255460-0451

Clerk: 6

Card Name: VISA

AL: VISA CREDIT PIN: Not Required

Approval #: 310170 Transaction #: 818 AID: A0000000031010

Account #: XXXXXXXXXXXXXXX8359

Receipt #: 840-54930036-1-5548566-2

U.S. Postal Service™ **CERTIFIED MAIL® RECEIPT** 묘묘 Domestic Mail Only tzordélivery information, visit our website at www.usps.com\* Ē OFF Certified Mail Fee UNDEN, MI 1845 \_\_\_ m Extra Services & Fees (check box, add fee as appropri Return Receipt (hardcopy)

Return Receipt (electronic) Polimbik SCertified Mail Restricted Delivery Hore Adult Signaturo Required 1 0 2024 Adult Signature Restricted Delivery \$ Postage 20 19,110,17024 Total Postage and Fees 7020 SHARON GAIL LEE KNOXVILLE, TN 37919sagranovinger optimated till 

RECEIVED SERVICE: 9/12/2024

CLINDEIN CONFELTE THIS SECTION

\$35.70

■ Complete items 1, 2, and 3.

Chip

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

## SHARON GAIL LEE

KNOXVILLE, TN 37919-



9590 9402 8418 3156 9888 87

7020 2450 0000 3671 6188

PS Form 3811, July 2020 PSN 7530-02-000-9053

A. Signature	
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B. Received by (Printed Name)	C. Date of Delivery
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**COMPLETE THIS SECTION ON DELIVERY** 

This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- 3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- Certifled Malk®
- Certified Mail Restricted Delivery
- Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- Insured Mall Restricted Delivery (over \$500)

**Domestic Return Receipt** 

☐ Priority Mail Express®

☐ Registered Mail Restricted

Delivery
☐ Signature Confirmation™

☐ Signature Confirmation

**Restricted Delivery** 

☐ Registered Mall™

# UNITED STATES POSTAL SERVICE

LINDEN 215 S MAIN ST

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09/10/2024	7275-		02:07 PM
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Insurance			\$0.00
Up to \$100.0 Restricted Del Recipient na SHARRON	me .	i uaea	\$12.75
Tracking #: 70202450	กดกกระ	3716188	<b>:</b>
Return Receipt Tracking #:	00000	3,10100	\$4.10
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Grand Total:			\$35,70
the tall parties due to the date of the fill had not per various and an in-			400110
Credit Card Remit Card Name: VISA	,,,,,,,,,,,	いのうにう	\$35.70

U.S. Postal Service™ CERTIFIED MAIL® REGELET Domestic Mail Only 몁 For delivery information, visit our website a www.usps.com. CONTRACTOR Certified Mail Fee INDEN. MI 1075 HE Extra Services & Fees (check box, add fee es eppaya Return Receipt (hardcopy)
Return Receipt (electronic) Polimbik Certified Mall Restricted Delivery Hore Adult Signature Required SEP 1 0 2024 Adult Signature Restricted Delivery \$ 20 Postage 69, 0,12024 rı T Total Postage and Fees 밉 SHARON GAIL LEE 202 KNOXVILLE, TN 37919-

UFN: 255460-0451

AL: VISA CREDIT PIN: Not Required

Receipt #: 840-54930036-1-5548566-2

Account #: XXXXXXXXXXXXXX8359

Approval #: 310170 Transaction #: 818 AID: A0000000031010

Clerk: 6

## <del>olitelii. Oomillie ii</del>lls <u>section</u>

■ Complete items 1, 2, and 3.

Chip

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece. or on the front if space permits.
- 1. Article Addressed to:

## SHARON GAIL LEE

KNOXVILLE, TN 37919-



9590 9402 8418 3156 9888 87

7020 2450 0000 3671 6188

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY	COMPLETE	THIS SECTION	I ON DELIVERY
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A. Signature

X

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

the water congression.

If YES, enter delivery address below:

This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- 3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
  ☐ Certified Mali®
  ☐ Certified Mali Restricted Delivery

- Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)
- Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™

- ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation

**R L MOORE BANKERS TITLE & ESCROW CORPORATION** 3310 WEST END AVE STE 540 **NASHVILLE, TN 37203-6802** 

> CARL A NEUHOFF, JR. HOSTETTLER, NEUHOFF & DAVIS, LLC **421 E IRIS DR STE 300** NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

**THOMPSONS STATION, TN 37179-**

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

**HENRY EDWARD HILDEBRAND III** 

NASHVILLE, TN 37205-

**CHARLES M. WALKER** 

NASHVILLE, TN 37215-

THOMAS E. ANDERSON

**R L MOORE BANKERS TITLE & ESCROW CORPORATION** 3310 WEST END AVE STE 540 **NASHVILLE, TN 37203-6802** 

> CARL A NEUHOFF, JR. HOSTETTLER, NEUHOFF & DAVIS, LLC **421 E IRIS DR STE 300** NASHVILLE, TN 37204-3140

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**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

**HENRY EDWARD HILDEBRAND III** 

NASHVILLE, TN 37205-

**CHARLES M. WALKER** 

NASHVILLE, TN 37215-

**THOMAS E. ANDERSON** 

**RLMOORE BANKERS TITLE & ESCROW CORPORATION** 3310 WEST END AVE STE 540 **NASHVILLE, TN 37203-6802** 

> CARL A NEUHOFF, JR. **HOSTETTLER, NEUHOFF & DAVIS, LLC 421 E IRIS DR STE 300** NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

THOMPSONS STATION, TN 37179-

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

**HENRY EDWARD HILDEBRAND III** 

NASHVILLE, TN 37205-

**CHARLES M. WALKER** 

NASHVILLE, TN 37215

**THOMAS E. ANDERSON** 

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KATHRYN LYNN YARBROUGH

**THOMPSONS STATION, TN 37179-**

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

HENRY EDWARD HILDEBRAND III

NASHVILLE, TN 37205-

**CHARLES M. WALKER** 

NASHVILLE, TN 37215

THOMAS E. ANDERSON

R L MOORE **BANKERS TITLE & ESCROW CORPORATION** 3310 WEST END AVE STE 540 **NASHVILLE, TN 37203-6802** 

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KATHRYN LYNN YARBROUGH

THOMPSONS STATION, TN 37179-

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

HENRY EDWARD HILDEBRAND III

NASHVILLE, TN 37205-

**CHARLES M. WALKER** 

NASHVILLE, TN 37215-

**THOMAS E. ANDERSON** 

R L MOORE **BANKERS TITLE & ESCROW CORPORATION** 3310 WEST END AVE STE 540 **NASHVILLE, TN 37203-6802** 

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KATHRYN LYNN YARBROUGH

THOMPSONS STATION, TN 37179-

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

**HENRY EDWARD HILDEBRAND III** 

NASHVILLE, TN 37205-

**CHARLES M. WALKER** 

NASHVILLE, TN 37215-

**THOMAS E. ANDERSON** 

R L MOORE BANKERS TITLE & ESCROW CORPORATION 3310 WEST END AVE STE 540 NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.
HOSTETTLER, NEUHOFF & DAVIS, LLC
421 E IRIS DR STE 300
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

THOMPSONS STATION, TN 37179-

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

HENRY EDWARD HILDEBRAND III

NASHVILLE, TN 37205-

**CHARLES M. WALKER** 

NASHVILLE, TN 37215-

THOMAS E. ANDERSON

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CARL A NEUHOFF, JR.
HOSTETTLER, NEUHOFF & DAVIS, LLC
421 E IRIS DR STE 300
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

THOMPSONS STATION, TN 37179-

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

HENRY EDWARD HILDEBRAND III

NASHVILLE, TN 37205-

**CHARLES M. WALKER** 

NASHVILLE, TN 37215-

**THOMAS E. ANDERSON** 

R L MOORE BANKERS TITLE & ESCROW CORPORATION 3310 WEST END AVE STE 540 NASHVILLE, TN 37203-6802

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HOSTETTLER, NEUHOFF & DAVIS, LLC
421 E IRIS DR STE 300
NASHVILLE, TN 37204-3140

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THOMPSONS STATION, TN 37179-

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

HENRY EDWARD HILDEBRAND III

NASHVILLE, TN 37205-

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NASHVILLE, TN 37215-

**THOMAS E. ANDERSON** 

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HOSTETTLER, NEUHOFF & DAVIS, LLC
421 E IRIS DR STE 300
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

THOMPSONS STATION, TN 37179-

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

HENRY EDWARD HILDEBRAND III

NASHVILLE, TN 37205-

**CHARLES M. WALKER** 

NASHVILLE, TN 37215-

**THOMAS E. ANDERSON** 

**DEFENDANT: MICHAEL W. BINKLEY** 

# UNITED STATES

LINDEN 215 S MAIN ST

08/23/2024	EN, MI 484! (800)275-1		02:51 PM
Product	Qty	Unit Price	Price
Priority Mail® Franklin, TI Weight: 3 II Expected De Mon 08/2	b 10.60 oz livery Date	)	\$14.25
Insurance			\$0.00
Restricted l Recipier			\$12.75
_ ★ Tracking	g #:	,-	
Return Recei		0014711	\$4.10
	Ö 9402 8627	7 3244 06	\$31.10
Grand Total:			\$31.10
Credit Card Remi	lt	* Del Citto - Anno - Anno - Carlo Seno - Ango - An	\$31.10

Account #: XXXXXXXXXXXXXX8359

Approval #: 313215 Transaction #: 660 AID: A000000031010

AL: VISA CREDIT PIN: Not Required

U,S. Postal Service™ CERTIFIED MAIL® RECEIPT 4733 Domestic Mall Only: For delivery information, visit our HOEN MI TONS Frank1 ht. :TN 137069 3001 Certified Mail Fee Extra Services & Fees (check box, add fo Return Receipt (hardcopy) AUG Pasinari2024 Return Receipt (electronic)
Certified Mail Restricted Delivery
Adult Signature Required \$12. \$0.00 <del>\$0.0</del> Adult Signature Restricted Delivery 5 Postage 띰 08/2<del>3/20</del>24 otel Postage and Fees \$31 . 10 USPS MICHAEL W. BINKLEY FRANKLIN, TN 37069-

RECEIVED SERVICE: 8/26/2024

Receipt #: 840-54930036-1-5521667-2 E THIS SECTION

Clerk: 6

UFN: 255460-0451

Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you.

- Attach this card to the back of the mailpiece.
- or on the front if space permits.
- 1. Article Addressed to:

Chip

# MICHAEL W. BINKLEY

FRANKLIN, TN 37069-



9590 9402 8627 3244 0685 03

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4711

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPL	ETE 1	PIH	SECTI	ION C	M DEI	IVERY

A. Signature

□ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

If YES, enter delivery address below:

This USPS Return Receipt **Mysteriously Disappeared. Was Never Returned Even** After Successful Delivery.

- Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery ☐ Certified Mail®
- Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- Registered Mail Restricted
   Delivery ☐ Signature Confirmation™
- ☐ Signature Confirmation **Restricted Delivery**

☐ Priority Mali Express®

☐ Registered Maji™

☐ Insured Mall Restricted Delivery (over \$500)



LINDEN 215 S MAIN ST LINDEN, MI 48451-9998

(	800) 275-8	3777	
08/23/2024			02:51 PM
Product	Qty	Unit Price	Price
Priority Mail® Franklin, TN Weight: 3 lb Expected Deli Mon 08/26	very Date	)	\$14.25
Insurance			\$0.00
Up to \$10 Restricted De Recipient MICHA	1		\$12.75
Tracking 70203 Return Receip Tracking	#: 160000230 t #:	0014711	\$4.10
Total 9590	9402 8627	7 3244 0€	\$31.10
Grand Total:			\$31.10
Credit Card Remit Card Name: VI Account #: XX	SA		\$31.10

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT 4711 Domestic Mail Only For delivery information, visit our website at ww Fronk1 11, TN 37069 DEN MINES 3001 Certified Mail Fee xtra Services & Fees (check box, add fee \$ (r) r(h) Return Receipt (hardcopy) N Return Receipt (electronic)

Certified Mail Restricted Delivery \$12.75 AUG Postquari2024 Adult Signature Required <del>\$0.0</del>0 Adult Signature Restricted Delivery \$ \$14.25 08/2<del>3/20</del>24 Total Postage and Fees USPS 702 MICHAEL W. BINKLEY FRANKLIN, TN 37069-

UFN: 255460-0451

Receipt #: 840-54930036-1-5521667-2 Clerk: 6

Approval #: 313215 Transaction #: 660 AID: A000000031010

AL: VISA CREDIT PIN: Not Required

### E THIS SECTION

- $\blacksquare$  Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the malipiece. or on the front if space permits.
- 1. Article Addressed to:

Chip

# MICHAEL W. BINKLEY

FRANKLIN, TN 37069-



9590 9402 8627 3244 0685 03

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4711

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMM	ETE THIS	CCCTION	OH DEL	
C C NVIPI	FIFIRIS	SECTION	UNUP	14/12/50/

A. Signature

□ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

If YES, enter delivery address below:

This USPS Return Receipt Mysteriously Disappeared, **Was Never Returned Even** After Successful Delivery.

- 3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
  ☐ Cortifled Mail®
- Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- Insured Mail
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

☐ Registered Mail Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Insured Mall Restricted Delivery (over \$500)



UFN: 255460-0451

Receipt #: 840-54930036-3-6753461-2

Card Name: VISA Account #: XXXXXXXXXXXXX8359 Approval #: 014252

Transaction #: 185

AL: VISA CREDIT PIN: Not Regulred

AID: A000000031010

Clerk: 06

Grand Total:

Credit Card Remit



USPS TRACKING#

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

9590 9402 8627 3244 0684 97

**United States Postal Service** 

\$147.60

\$147.60

Chip

Sender: Please print your name, address, and ZIP+4<sup>e</sup> in this box<sup>e</sup>

**17195 SILVER PKWY** PMB #150 FENTON, MI 48430-3426

գեւիրիուիրըիլիրերիկիրիի ինչերի կիրիրումի և այլ արևակութերի արևակութերի արևակութերի արևակութերի արևակութերի արևա

5	END	EH:	COM	PLETE	THIS	SECTION	1
,	Con	unlah	Ham	«'1" O	and a	1.64	-

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the maliplece, or on the front if space permits.
- 1. Article Addressed to:

# ELAINE B. BEELER

FRANKLIN, TN 37064



9590 9402 8627 3244 0684 97

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4704

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature

- ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
- C. Date of Delivery
- D. Is delivery address different from item 1? If YES, enter delivery address below:

This USPS Return Receipt Was Mysteriously Missing A Signature and Any **Information About Delivery** 

- 3. Service Type ☐ Adult Signature Adult Signature Restricted Delivery
   Certified Mail®
   Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- C Collect on Delivery Restricted Delivery
- □ Registered Mali™
   □ Registered Mali Restricted
   □ Delivery
   □ Signature Confirmation™ ☐ Signature Confirmation

□ Priority Mall Express®

- Restricted Delivery
- ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)



LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

08/24/2024 11:25 AM Oty Price Product Unit Price Priority Mail®

Franklin, TN 37064 Weight: 3 lb 10.80 oz Expected Delivery Date Mon 08/26/2024 Insurance \$0.00 Up to \$100.00 included Restricted Del \$12.75 Recipient name ELAINE B BEELER

\$14.25

Tracking #: → 70203160000230014704 Return Receipt \$4.10 Tracking #:

9590 9402 8627 3244 0684 97 Total \$31.10

Grand Total: \$147.60

Credit Card Remit \$147.60

Card Name: VISA Account #: XXXXXXXXXXXXXX8359 Approval #: 014252

Transaction #: 185

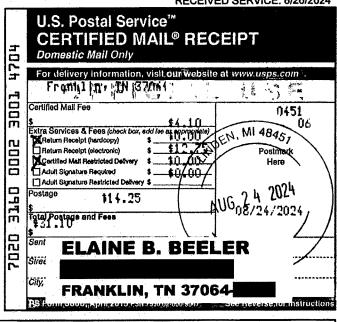
AID: A000000031010 Chip

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-3-6753461-2

Clerk: 06



USPS TRACKING #

First-Class Mail Postage & Fees Paid LISPS Permit No. G-10

9590 9402 8627 3244 0684 97

**United States** Postal Service Sender: Please print your name, address, and ZIP+4° in this box\*

**17195 SILVER PKWY** PMB #150 FENTON, MI 48430-3426

գեւկորիումիրըկերիրերընկայիր հինանանի կարարականում կուրանում

#### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the maliplece, or on the front if space permits.
- 1. Article Addressed to:

## ELAINE B. BEELER

FRANKLIN, TN 37064



9590 9402 8627 3244 0684 97

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4704

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1?

If YES, enter delivery address below:

This USPS Return Receipt Was Mysteriously Missing A Signature and Any **Information About Delivery** 

- Service Type ☐ Adult Signature
- Adult Signature Restricted Delivery
   Certified Mail®
   Certified Mail Restricted Delivery
- ☐ Collect on Delivery
  ☐ Collect on Delivery Restricted Delivery ☐ Insured Mall
  - ☐ Signature Confirmation Restricted Delivery
- ☐ Insured Mall Restricted Delivery (over \$500)

Domestic Return Receipt

☐ Priority Mail Express® ☐ Registered Mail™

☐ Registered Mall Restricted Delivery ☐ Signature Confirmation™

DEFENDANT: KATHRYN YARBROUGH <u>UNITED STATES</u> POSTAL SERVICE. 215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777 09/04/2024 01:45 PM Qty linit Product Price Price Priority Mail® \$14.25 Thompsons Station, TN 37179 Weight: 3 lb 12.00 oz Expected Delivery Date Fri 09/06/2024 \$0.00 Insurance Up to \$100.00 included Restricted Del \$12.75 Recipient name KATHRYN L YARBROUGH Tracking #: → 70203160000230014698 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0684 80 \$31.10 Total \$85.40 Grand Total: \$85.40 Credit Card Remit Card Name: VISA Account #: XXXXXXXXXXXXXXXX8359 Approval #: 214054 Transaction #: 241 AID: A000000031010 Chip

UFN: 255460-0451

AL: VISA CREDIT

PIN: Not Required

Receipt #: 840-54930036-3-6764826-2

Clerk: 06

SECOND SERVICE ATTEMPT RECEIVED SERVICE: 9/06/2024 U.S. Postal Service™ **CERTIFIED MAIL® RECEIPT** 9 Domestic Mail Only # Thompsons Station : IN SA NOEN, MI 484306 Certified Mall Fee \$4.10 xtra Services & Fees (check box, add fee at (ppropriete) Return Receipt (hardcopy)
Return Receipt (electronic) SEP 04 2024 ш 112.77 10.00 8 Cortified Mail Restricted Delivery £0.00 Adult Signature Required Adult Signature Restricted Delivery \$ \$14.25 09/04/2024 Total Postage and Fees 7020 USP KATHRYN YARBROUGH Šīi Cit THOMPSONS STATION, TN 37179-PS ronn 3000, April 2015 PSN 7530-92-000-9047 See Reverse for Instructions

USPS TRACKING#



9590 9402 8627 3244 0684 80

Postage & Fees Paid USPS Permit No. G-10

First-Class Mall

Sender: Please print your name, address, and ZIP+4\* in this box\*

**17195 SILVER PKWY** PMB #150

FENTON, MI 48430-3426

SENDER: COMPLETE THIS SECTION

**United States** 

**Postal Service** 

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the maliplece, or on the front if space permits.
- 1. Article Addressed to:

KATHRYN YARBROUGH

THOMPSONS STATION, TN 37179-



9590 9402 8627 3244 0684 80

2. Article Number (Transfer from service label) 7020 3160 000<del>2</del> 3001 4698

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

□ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

If YES, enter delivery address below:

RESTRICTED

Service Type

- Adult Signature
   Adult Signature Restricted Delivery
   Certified Mail®
   Certified Mail Restricted Delivery
   Collect on Delivery
   Collect on Delivery Restricted Delivery
- ☐ Insured Mail insured Mail Restricted Delivery (over \$500)
- ☐ Signature Confirmation™
  ☐ Signature Confirmation Restricted Delivery

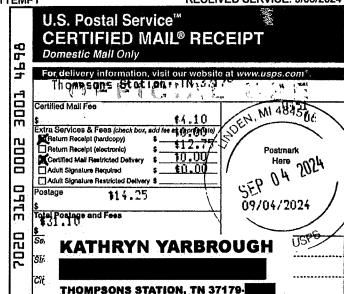
Priority Mail Express®

☐ Registered Mail™ ☐ Registered Mail Restricted Delivery

<u>UNITED STATES</u> POSTAL SERVICE.

LINDEN

215 S MAIN ST LINDEN, MI 48451-9998



(800) 275-8777 09/04/2024 01:45 PM Product Qty Unit Price Price rity Mail® 1 Thompsons Station, TN 37179 Weight: 3 lb 12.00 oz \$14.25 Priority Mail® Expected Delivery Date Fri 09/06/2024 \$0.00 Insurance Up to \$100.00 included Restricted Del \$12.75 Recipient name KATHRYN L YARBROUGH Tracking #: → 70203160000230014698 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0684 80 \$31.10 Total \$85.40 Grand Total: \$85.40 Credit Card Remit Card Name: VISA
Account #: XXXXXXXXXXXXXXX8359
Approval #: 214054
Transaction #: 241 Chip AID: A000000031010 AL: VISA CREDIT

**USPS TRACKING#** 

First-Class Mall Postage & Fees Paid USPS Permit No. G-10

See Heverse for Instructions

9590 9402 8627 3244 0684 80

**United States Postal Service**  Sender: Please print your name, address, and ZIP+4\* in this box\*

PS Form 38,00, April 2019 PSN 7530-02-060-9047

17195 SILVER PKWY PMB #150

FENTON, MI 48430-3426

UFN: 255460-0451

PIN: Not Required

Receipt #: 840-54930036-3-6764826-2

Clerk: 06

SENDER!	COMPL	<b>ETE THIS</b>	SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the malipiece, or on the front if space permits.
- 1. Article Addressed to:

## **KATHRYN YARBROUGH**

THOMPSONS STATION, TN 37179-



9590 9402 8627 3244 0684 80

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4698

PS Form 3811, July 2020 PSN 7530-02-000-9053

#### COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

If YES, enter delivery address below: 

No

RESTRICTED

- 3. Service Type

- 3. Service Type

  Adult Signature

  Adult Signature Restricted Delivery

  Certified Mail®

  Certified Mail®

  Collect on Delivery

  Collect on Delivery

  Collect on Delivery

  Insured Mail

  Insured Mail Restricted Delivery

  (over \$500)
  - ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

**Domestic Return Receipt** 

☐ Priority Mail Express® ☐ Registered Mail™

☐ Registered Mail Restricted Delivery

Case 1:23-cv-01097-PLM-RSK ECF No. 100-1, PageID.5360 Filed 10/10/24 Page 7 of 21

**DEFENDANT: ALEXANDER S. KOVAL** 







(800) 275-8777 08/24/2024 10:59 AM Oty Unit Product Price

Priority Mail® \$14.25 Nashville, TN 37211 Weight: 3 lb 10.80 oz

Price

Expected Delivery Date Mon 08/26/2024 Insurance \$0.00 Up to \$100.00 included Restricted Del \$12.75

Recipient name ALEXANDER S KOVAL Tracking #:

70203160000230014728 \$27.00

Chip

Grand Total: \$120.30 Credit Card Remit \$120.30

Card Name: VISA Account #: XXXXXXXXXXXXXXX359 Approval #: 904295

Transaction #: 184 AID: A000000031010

AL: VISA CREDIT

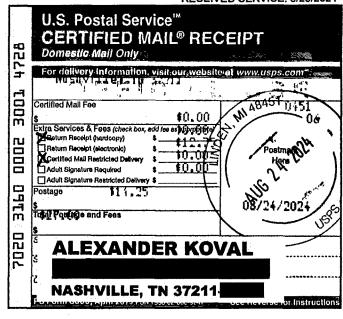
PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-3-6753228-2

Clerk: 06

Total



Case 1:23-cv-01097-PLM-RSK ECF No. 100-1, PageID.5361 Filed 10/10/24 Page 8 of 21

**DEFENDANT: HENRY EDWARD HILDEBRAND III** 



RECEIVED SERVICE: 8/26/2024 U.S. Postal Service™ **CERTIFIED MAIL® RECEIPT** m Domestic Mail Only Noshviller h syllin 100 MI 48457 Certified Mail Fee Extra Services & Fees (check box, add fee as (port))

Return Receipt (hardcopy)

Return Receipt (electronic)

Certified Meil Rectricted Delivery

Adult Signature Recuired m n **Postmark** AUG 24 2024 \$17.00 Adult Signature Required Adult Signature Restricted Delivery \$ 114.25 08/24/2024 Total Postage and Fees n **HENRY HILDEBRAND III** 20 NASHVILLE, TN 37205-Contour space while so in the design of the design of the section of the section



LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

08/24/2024			10:59 AM
Product	Qty	Unit Price	Price

\$1.4 OK

\$31.10

- F1 11	or ity name t	914.20
	Nashville, TN 37205	
	Weight: 3 lb 10.40 oz	
	Expected Delivery Date	
	Mon 08/26/2024	
	Insurance	\$0.00
	Up to \$100.00 included	-
	Restricted Del	\$12.75
	Recipient name	
	HENRY E HILDEBRAND	
	Tracking #:	
V	<b>→ 70203160000230014803</b>	
•	Return Receipt	\$4.10
	Tracking #:	*
	9590 9402 8627 3244 0683	98

Grand Total: \$120.30 Credit Card Remit \$120.30 Card Name: VISA

Account #: XXXXXXXXXXXXXXX8359

Approval #: 904295 Transaction #: 184 AID: A0000000031010

Chip AL: VISA CREDIT

PIN: Not Required

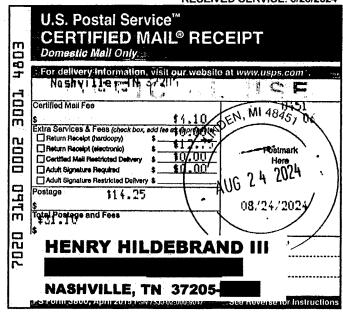
UFN: 255460-0451

Driarity Mail®

Receipt #: 840-54930036-3-6753228-2

Clerk: 06

Total



DEFENDANT: CHARLES M. WALKER



210 S LEROY ST FENTON, MI 48430-9998 (800)275-8777

08/24/2024			02:06 PM
Product	Qty	Unit Price	Price
Priority Mail® Nashville, TN Weight: 3 lb 1 Expected Deliv Mon 08/26/	0.90 oz ery Date	à	\$14.25
Insurance	- <b></b> ·		\$0.00
	name S M Wali		<b>\$12.7</b> 5
Iracking #	-	104 4000	

→ 70203160000230014889 \$4.10 Return Receipt Tracking #: 9590 9402 8627 3244 0681 83 Total \$31.10

Grand Total: \$200.20 Credit Card Remit \$200.20

Chip

Card Name: VISA Account #: XXXXXXXXXXXXXX8359

Approval #: 314260 Transaction #: 188 AID: A000000031010

AL: VISA CREDIT PIN: Not Regulred

UFN: 253200-0431

Receipt N: 840-54930020-3-6269723-1

Clerk: 05

RECEIVED SERVICE: 8/26/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mall Only B 484 For delivery information, visit our website at No 事例以12m以16 37315 Certified Mail Fee 3431 品 **6**5 05 xtra Services & Fees (check be Return Receipt (electronic) Postmatk Cortified Mail Restricted Delhi
Adult Signature Required Here , Adult Signature Restricted Delivery \$ 376[ \$14.25 MQ14122024 Total Postage and Fees 밉 **CHARLES M. WALKER** 2 NASHVILLE, TN 37215-

**USPS TRACKING #** 

First-Class Malt Postage & Fees Paid USPS Permit No. G-10

9590 9402 8627 3244 0681 83

**United States Postal Service**  Sender: Please print your name, address, and ZIP+4° in this box\*

**17195 SILVER PKWY** PMB #150

48430-3426 FENTON, MI

դիմորիակրդիվիրդերկիրը || իրանկինի կունկինի հիսիան

....

"Restricted Delivery" but not signed by complete items 1, 2, and 3. **DEFENDANT** as required.

SENDER: COMPLETE THIS SECTION

Print your name and address on the reverse o that we can return the card to you.

Attach this card to the back of the malipiece. or on the front if space permits.

1. Article Addressed to:

CHARLES M. WALKER

NASHVILLE, TN



9590 9402 8627 3244 0681 83

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4889

PS Form 3811, July 2020 PSN 7530-02-000-9053

If YES, enter delivery address below:

D. Is delivery address different from Item 1?

Received by (Printed Name)

COMPLETE THIS SECTION ON DELIVERY

☐ Agent

C. Date of Delivery

Addressee

3. Service Type C Priority Mail Express® Adult Signature
 Adult Signature Restricted Delivery
 Certified Main Restricted Delivery
 Collect on Delivery ☐ Registered Mail™
☐ Registered Mail Restricted
Delivery ☐ Signature Confirmation™

Collect on Delivery Restricted Delivery
I Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

Signature Confirmation Restricted Delivery



FENTON 210 S LEROY ST FENTON. MI 48430-9998 (800) 275-8777

08/24/2024 02:06 PM Qty Unit Price Product \$14.25 Priority Mail® Nashville, TN 37215 Weight: 3 lb 10,90 oz Expected Delivery Date Mon 08/26/2024 \$0.00 Insurance 1/p to \$100.00 included Remainted Del \$12,75 Recipient name CHARLES M WALKER Tracking #: 70203160000230014889 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0681 83 \$31.10 Total Grand Total: \$200,20 Credit Card Remit \$200.20 Card Name: VISA Account #: XXXXXXXXXXXXXX8359 Approval #: 314260 Transaction #: 188 AID: A000000031010 Chip AL: VISA CREDIT

UFN: 253200-0431

Receipt N: 840-54930020-3-6269723-1

PIN: Not Required

Clerk: 05

U.S. Postal Service™ **CERTIFIED MAIL® RECEIPT** 0 Domestic Mail Only 40 For delivery information, visit our website at www.usps.com . ゴ Nosing the wild state of the Certified Mail Fee m Extra Services & Fees (check box, Return Receipt (hardcopy) Return Receipt (electronic) u **Postmatk** Cortified Mail Restricted Delivery
Adult Signature Required ‡0. Ú Here Adult Signature Restricted Delivery \$ 376 \$14.25 Malt 32024 Total Postage and Fees īū **CHARLES M. WALKER** NASHVILLE, TN 37215-

USPS TRACKING #

First-Class Mail Postage & Fees Paid LISPS Permit No. G-10

9590 9402 8627 3244 0681 83

**United States Postal Service**  Sender: Please print your name, address, and ZIP+4° in this box

**17195 SILVER PKWY** PMB #150

48430-3426 FENTON, MI

.

"Restricted Delivery" but not signed by complete items 1, 2, and 3. **DEFENDANT** as required.

SENDER: COMPLETE THIS SECTION

Print your name and address on the reverse to that we can return the card to you.

Attach this card to the back of the malipiece. or on the front if space permits.

1. Article Addressed to:

CHARLES M. WALKER

NASHVILLE, TN



9590 9402 8627 3244 0681 83

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4889

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

☐ Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

DNIEPHAWA

D. Is delivery address different from Item 1? If YES, enter delivery address below:

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery

Collect on Delivery

☐ Collect on Delivery Restricted Delivery
☐ Insured Mali insured Mail Restricted Delivery (over \$500)

Signature Confirmation Restricted Delivery

**Domestic Return Receipt** 

☐ Priority Mail Express®

☐ Registered Mail™
☐ Registered Mail Restricted
Delivery
☐ Signature Confirmation™

**DEFENDANT: SAMUEL F. ANDERSON** 



AL: VISA CREDIT PIN: Not Required

Receipt #: 840-54930036-3-6753228-2

UFN: 255460-0451

Clerk: 06

RECEIVED SERVICE: 8/26/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only S 7 For delivery information, visit our website at www.usps.com Noshi I Te ( THE 17919 N. MI 48457151 Certified Mail Fee 品 Extra Services & Fees (check box, add fee

Grant Receipt (hardcopy)

Grant Receipt (electronic) ,00/ Cartified Mail Restricted Delivery

Adult Signature Required 10 <del>40.00</del> Adult Signature Restricted Delivery \$ \$14.25 H 08/24/202 Total Postage and Fees 7020 SAMUEL F. ANDERSON 37215-NASHVILLE, TN OTHER SERVICE PROPERTY AND A PROPERTY OF THE P

#### HIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece. or on the front if space permits.
- 1. Article Addressed to:

# SAMUEL F. ANDERSON

**NASHVILLE, TN** 37215



9590 9402 8627 3244 0684 42

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4759

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

If YES, enter delivery address below:

This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- 3. Service Type
- ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
- Ci Certified Malko
- M. Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- Collect on Delivery Restricted Delivery ☐ Insured Mall
- Signature Confirmation™ ☐ Signature Confirmation
- **Restricted Delivery**

Priority Mail Express®

☐ Registered Mail™ ☐ Registered Mail Restricted Delivery

Ci Insured Mail Restricted Delivery (over \$500)



LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800)275-8777

10:59 AM 08/24/2024 Qty Unit Price Product Price Priority Mail® \$14.25 Nashville, TN 37215 Weight: 3 lb 10.70 oz Expected Delivery Date Mon 08/26/2024 Insurance \$0.00 Up to \$100.00 included Restricted Del \$12.75 Recipient name SAMUEL F ANDERSON Tracking #: 70203160000230014759 Return Receipt \$4,10 Tracking #: 9590 9402 8627 3244 0684 Total \$31.10 \$120.30 Grand Total: Credit Card Remit \$120.30 Card Name: VISA Account #: XXXXXXXXXXXXXXX8359 Approval #: 904295 Transaction #: 184

AID: A000000031010

Receipt #: 840-54930036-3-6753228-2

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Clerk: 06

RECEIVED SERVICE: 8/26/2024 U.S. Postal Service‴ CERTIFIED MAIL® RECEIPT 5.7 Domestic Mail Only 47 For delivery information, visit our website at www.usps.com\* Nostini ITE ( TIE 37915 3007 N. MI 48457151 Certified Mail Fee xtra Services & Fees (check box, add Return Receipt (hardcopy) \$ Return Receipt (electronic) \$ Cortified Mail Restricted Delivery .00/ Adult Signature Required <del>\*11.00</del> Adult Signature Restricted Delivery \$ 376 \$14.25 08/24/202 Total Postage and Fees 밀 SAMUEL F. ANDERSON 37215-NASHVILLE, TN CONTROL OF THE PROPERTY OF THE PARTY OF THE

HIS SECTION

Complete items 1, 2, and 3.

Chip

■ Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the malipiece, or on the front if space permits.

1. Article Addressed to:

# SAMUEL F. ANDERSON

NASHVILLE, TN 37215



9590 9402 8627 3244 0684 42

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4759

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPI	ETE THIS	SECTION	OMI	YELIVED'	v

A. Signature

X

☐ Agent

B. Received by (Printed Name)

☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

Service Type

C) Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

C Collect on Delivery

C Collect on Delivery Restricted Delivery C Insured Mail

insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

D Priority Mail Express®

☐ Registered Mail Restricted
Delivery

☐ Signature Confirmation™

☐ Signature Confirmation

Restricted Delivery

•

**DEFENDANT: JAMES MICHAEL HIVNER** 



AL: VISA CREDIT PIN: Not Required

Receipt #: 840-54930020-3-6269723-1

UFN: 253200-0431

Clerk: 05

RECEIVED SERVICE: 8/27/2024 U.S. Postal Service™ **CERTIFIED MAIL® RECEIPT** Domestic Mail Only ď For delivery information, Visit our website at www.usps.com. Memphi ar Tit 38188 ∺ Certified Mail Fee E ENTON xtra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) ш \$12.75 Return Receipt (electronic) 000 Postmark \$0.00 Hare **\$0.00** Adult Signature Restricted Delivery \$ \_ \$16.95 \_D TE Total Postage and Fees 7021 **JAMES MICHAEL HIVNER** BARTLETT, TN 38133-מנווו פוססס עלטנון אַסְנַים הפועלסאונואַ הסטפּאַניים אַסְנַים אַסְנַים אַסְנַים אַטְרָים אַטְרָים אַטְרָים אַ

This USPS Return Receipt **Mysteriously Disappeared** 

> It was Never Returned After The Successful Delivery

8



210 S LEROY ST FENTON, MI 48430-9998 (800) 275-8777

08/24/2024 02:06 PM Qty Unit Price Product Price

Priority Maile 1 Memphis, TN 38133 Weight: 3 lb 10.80 oz \$16.95 Expected Delivery Date Tue 08/27/2024 \$0.00 Insurance Up to \$100.00 included Restricted Del \$12.75 Recipient name JAMES M HIVNER Tracking #: → 70203160000230014834 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0683 81 Total

Grand Total: \$200.20

\$200.20

Chip

Credit Card Remit

Card Name: VISA Account #: XXXXXXXXXXXXXXX8359

Approval #: 314260 Transaction #: 188 AID: A0000000031010

AL: VISA CREDIT PIN: Not Required

UFN: 253200-0431 Receipt #: 840-54930020-3-6269723-1

Clerk: 05

	RECEIVED SERVICE. 0/2/1	LULT
34	U.S. Postal Service™ CERTIFIED MAIL® RECEIPT  Domestic Mail Only	Eg.
3001 48	For delivery information, visit our websiteral www.uspsicom.  Tempto a Title 381.85  Certified Mail Fee	
0002 30	S Extra Servicos & Fees (check box, add fee or appendiate)  Affetum Receipt (hardcopy)  Resum Receipt (electronic)  Certified Mail Restricted Delivery  Adult Signature Receipt (electronic)  Adult Signature Receipt (electronic)  Adult Signature Receipt (electronic)	ALAS:
3760 (	Adult Signature Required   \$ \$0.00     Adult Signature Restricted Delivery \$     Postage   \$16.95     State Postage and Fees   \$0.00     Adult Signature Restricted Delivery \$     Postage   \$16.95     State Postage and Fees   \$0.00     Postage   \$16.95     Pos	1',
7020	JAMES MICHAEL HIVNER	
	BARTLETT, TN 38133-	ictions

Case 1:23-cv-01097-PLM-RSK ECF No. 100-1, PageID.5365 Filed 10/10/24 Page 12 of 21

**DEFENDANT: ANDY DWANE BENNETT** 



LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

08/28/2024 04:09 PM **Product** Unit Price Qty Price

Priority Mail® \$14,25 Hermitage, TN 37076 Weight: 3 lb 11.20 oz Expected Delivery Date Fri 08/30/2024 Insurance \$0.00 Up to \$100.00 included Restricted Del \$12.75 Recipient name ANDY D BENNETT Tracking #: → 70202450000036715150 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0682 99 Total \$31.10 Grand Total: \$303.60 Credit Card Remit \$303,60 Card Name: VISA Account #: XXXXXXXXXXXXX8359 Approval #: 518290

Transaction #: 717 AID: A0000000031010

Receipt #: 840-54930036-1-5531338-2

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Clerk: 6

RECEIVED SERVICE: 9/3/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only 20 5 Cortified Mail Fee 36 xtra Services & Fees (check box, add fee es sopron Return Receipt (electronic) Postmark AUG 2 8100 2024 Geriffed Mail Restricted Delh Adult Signature Required Adult Signature Restricted Delivery \$ 20 \$14.25 Q8/2**8/**20: Total Postage and Fees ᄓ ANDY DWANE BENNETT HERMITAGE, TN 37076

HIS SECTION

■ Complete items 1, 2, and 3.

Chip

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece. or on the front if space permits.

1. Article Addressed to:

# **ANDY DWANE BENNETT**

HERMITAGE, TN 37076



9590 9402 8627 3244 0682 99

2 Article Number (Transfer from senine lebel) 7020 2450 0000 3671 5150

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY A. Signature □ Agent ☐ Addressee C. Date of Delivery B. Received by (Printed Name) if YES, enter delivery address below: This USPS Return Receipt **Mysteriously Disappeared** 

It was Never Returned After The Successful Delivery

- 3. Service Type ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery ☐ Certified Mail®
- M Certified Mall Restricted Delivery ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™

☐ Priority Mail Express®

- □ Signature Confirmation Restricted Delivery

LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (600)275-8777

08/28/2024 04:09 PM

Product Qty Unit Price

Priority Mail® \$14.25 Hermitage, TN 37076 Weight: 3 lb 11.20 oz Expected Delivery Date Fri 08/30/2024 Insurance \$0.00 Up to \$100.00 Included Restricted Del \$12.75 Recipient name ANDY D BENNETT Tracking #: → 70202450000036715150 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0682 99 Total \$31.10 Grand Total: \$303.60 Credit Card Remit \$303,60 Card Name: VISA Account #: XXXXXXXXXXXXX8359 Approval #: 518290

Transaction #: 717 AID: A0000000031010

Receipt #: 840-54930036-1-5531338-2

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Clerk: 6

**RECEIVED SERVICE: 9/3/2024** U.S. Postal Service™ CERTIFIED MAIL® RECEIPT 5 Domestic Mail Only S MOET Certified Mail Fee ı m Extra Services & Fees (check box, add fee as appropriate feeture Receipt (hardcopy) Return Receipt (electronic) Postmark AUG 2 8100 2024 Cortified Mail Restricted Delly Adult Signature Required Adult Signature Restricted Delivery \$ \$14.25 22 08/28/207 Total Postage and Fees LISPS 밉 ANDY DWANE BENNETT 2 37076 HERMITAGE, TN

HIS SECTION

Complete items 1, 2, and 3.

Chip

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

# **ANDY DWANE BENNETT**

HERMITAGE, TN 37076



9590 9402 8627 3244 0682 99

2 Adicia Number (Transfer from service Ishell 7020 2450 0000 3671 5150

PS Form 3811, July 2020 PSN 7530-02-000-9053 👨

COMPLETE THIS SECTION ON DE	LIVENI
A. Signature	<u>_</u>
X	☐ Agent
	☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from it If YES, enter delivery address bel	lem 1? 🗆 Yes low: 🔲 No
This USPS Retu	-
Mysteriously Dis It was Never Ret	

001101 FFE 71110 0F071011 011 DEL 111F01

The Successful Delivery

212-2 Filed 02/26/25

Case 1:23-cv-01097-PLM-RSK ECF No. 100-1, PageID.5366 Filed 10/10/24 Page 13 of 21

e.

DEFENDANT: FRANK GOAD CLEMENT JR.



LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800) 275 - 8777

08/28/2024 04:09 PM Product Qty Unit Price Price

Priority Mail® \$14.25 Nashville, TN 37205 Weight: 3 1b 11.40 oz Expected Delivery Date Fri 08/30/2024 \$0.00 Insurance Up to \$100.00 included Restricted Del \$12.75 Recipient name FRANK G CLEMENT Tracking #: 70202450000036715167 Return Receipt \$4.10 Tracking #:

Grand Total: \$303.60 \$303.60 Credit Card Remit

9590 9402 8627 3244 0682 82

Card Name: VISA Account #: XXXXXXXXXXXXXX8359

Approval #: 518290 Transaction #: 717

AID: A000000031010 Chip

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5531338-2

Clerk: 6

Total

RECEIVED SERVICE: 8/30/2024 U.S. Postal Service™ **CERTIFIED MAIL® RECEIPT** Domestic Mail Only مر 2 For delivery information, visit our website at www.usps Certified Mail Fee ப m Extra Services & Fees (check box, add fee as an Return Receipt (hardcopy) Return Receipt (electronic) **\*\*\*\*\*\*** UG 28 Certified Mail Restricted Delivery Adult Signature Required Adult Signature Restricted Delivery \$ ostage 20 T Total Postage and Fees 밉 FRANK GOAD CLEMENT JR. 2 37205-NASHVILLE, TN

#### SENDER: COMPLETE THIS SECTION

\$31.10

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the malipiece. or on the front if space permits.
- 1. Article Addressed to:

## FRANK GOAD CLEMENT JR.

NASHVILLE, TN 37205



9590 9402 8627 3244 0682 82

2 Article Number (Transfer from service John) 7020 2450 0000 3671 5167

PS Form 3811, July 2020 PSN 7530-02-000-9053

#### COMPLETE THIS SECTION ON DELIVERY

- A. Signature
- X

- ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
- C. Date of Delivery

#### If YES, enter delivery address below: ☐ No

This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- 3. Service Type
- ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®

  SE Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- Collect on Delivery Restricted Delivery
- ☐ Insured Mail
  ☐ Insured Mail Restricted Delivery
  (over \$500)

Domestic Return Receipt

C Priority Mail Express®

☐ Registered Mail Restricted ☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation

**Restricted Delivery** 



LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

08/28/2024 04:09 PM Qty Product Unit Price Price

Priority Mail® 1 Nashville, TN 37205 Weight: 3 lb 11.40 oz \$14.25 Expected Delivery Date Fri 08/30/2024 \$0.00 Insurance Up to \$100.00 included Restricted Del \$12.75 Recipient name FRANK G CLEMENT Tracking #: → 70202450000036715167 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0682 82

Grand Total: \$303.60

Credit Card Remit \$303,60

Card Name: VISA Account #: XXXXXXXXXXXXXX8359 Approval #: 518290 Transaction #: 717

AID: A000000031010

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5531338-2

Clerk: 6

Total

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only مُ For delivery information, visit our website at www.usps.com 2 Z Certified Mail Fee 34. Extra Services & Fees (check box, add fee as a Return Receipt (hardcopy) TReturn Receipt (electronic) **'** 000 Certified Mail Restricted Delivery UG 28 Adult Signature Required Adult Stansture Restricted Delivery \$ 20 \$14.25 Total Postage and Fees N 13: 11 FRANK GOAD CLEMENT JR. ru 尺 37205-NASHVILLE, TN

#### SENDER: COMPLETE THIS SECTION

\$31.10

■ Complete Items 1, 2, and 3.

Chip

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the malipiece, or on the front if space permits.
- 1. Article Addressed to:

## FRANK GOAD CLEMENT JR.

NASHVILLE, TN 37205



9590 9402 8627 3244 0682 82

2 Article Number (Transfer from seniine lehal) 7020 2450 0000 3671 5167

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature

- ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
- C. Date of Delivery

- If YES, enter delivery address below:

## This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- 3. Service Type
- ☐ Adult Signature **Adult Signature Restricted Delivery**
- ☐ Certified Males
- Certified Mail Restricted Delivery
- □ Collect on Delivery
- Collect on Delivery Restricted Delivery
- (over \$500)
- ☐ Insured Mall
  ☐ Insured Mall Restricted Delivery
- ☐ Signature Confirmation™

☐ Priority Mail Express®

☐ Registered Mail THE
☐ Registered Mail Restricted
Delivery

- ☐ Signature Confirmation Restricted Delivery

RECEIVED SERVICE: 8/31/2024 **DEFENDANT: WILLIAM NEAL MCBRAYER** 



215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

08/28/2024 04:09 PM Product Qty Unit Price Price

Priority Mail® \$14.25 Brentwood, TN 37027 Weight: 3 1b 11.00 oz Expected Delivery Date Fri 08/30/2024 \$0.00 Insurance Up to \$100.00 included Restricted Del \$12,75 Recipient name WILLIAM N MCBRAYER Tracking #: 70202450000036715136

Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0682 75 \$31.10 Total

Grand Total: \$303.60 Credit Card Remit \$303,60

Card Name: VISA Account #: XXXXXXXXXXXXXXX8359

Approval #: 518290 Transaction #: 717

AID: A0000000031010

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5531338-2

Clerk: 6

U.S. Postal Service" CERTIFIED MAIL® RECEIPT Domestic Mail Only m 2 BEN. W. Certified Mail Fee 3 Extra Services & Fees (check box, add fe 0000 Return Receipt (electronic) Certified Mail Restricted Delivery 28 Adult Signature Required Adult Signature Restricted Delivery \$ 50 \$14.25 Total Postage and Fees 갋 USPS 7020 **WILLIAM NEAL MCBRAYER ERENTWOOD, TN 37027** 

#### SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

Chip

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece. or on the front if space permits.
- 1. Article Addressed to:

WILLIAM NEAL MCBRAYER.

BRENTWOOD, TN 37027



9590 9402 8627 3244 0682 75

7020 2450 0000 3671 5136

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

□ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

If YES, enter delivery address below:

This USPS Return Receipt Mysteriously Disappeared It was Never Returned After The Successful Delivery

- Service Type
- ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
  ☐ Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mall
- D Priority Mall Express® ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™

- ☐ Signature Confirmation Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt



LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

08/28/2024 04:09 PM Product Qty Unit Price Price

Priority Mail® \$14.25 Brentwood, TN 37027 Weight: 3 lb 11.00 oz Expected Delivery Date Fri 08/30/2024 \$0.00 Insurance Up to \$100.00 included Restricted Del \$12.75 Recipient name WILLIAM N MCBRAYER Tracking #: → 70202450000036715136 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0682 75

Grand Total: \$303.60 Credit Card Remit \$303.60

Card Name: VISA Account #: XXXXXXXXXXXXXX8359 Approval #: 518290

Transaction #: 717 AID: A0000000031010

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5531338-2

Clerk: 6

Total

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only m For delivery information, visit our website at www.usps.com 2 DEN. M Certifled Mail Fee . n xira Services & Fees (check box, add fi 而 Return Receipt (electronic) Certified Mail Restricted Delivery
Adult Signature Required LIAU() 28 Adult Signature Restricted Delivery \$ ostage 2 \$14.25 Total Postage and Fees USPS 7020 **WILLIAM NEAL MCBRAYER ERENTWOOD, TN 37027-**

### SENDER: COMPLETE THIS SECTION

\$31.10

■ Complete Items 1, 2, and 3.

Chip

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece. or on the front if space permits.
- 1. Article Addressed to:

### WILLIAM NEAL MCBRAYER.

BRENTWOOD, TN 37027



9590 9402 8627 3244 0682 75

7020 2450 0000 3671 5136

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE '	THIS SECTION	ום אס אמ	FLIVERY

A. Signature

X

□ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

If YES, enter delivery address below:

This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- 3. Service Type
- ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
- ☐ Certifled Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery Collect on Delivery Restricted Delivery

- ☐ Insured Mall
  ☐ Insured Mall Restricted Delivery
  (over \$500)
- ☐ Priority Meli Express® ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™ ☐ Signature Confirmation
- Restricted Delivery

Domestic Return Receipt

**DEFENDANT: TENNESSEE SUPREME COURT** 

# UNITED STΔTES POSTΔL SERVICE.

215 S MAIN ST

LINDEN, N (800	(I 484 ))275-	51-9998 8777	
09/10/2024			02:07 PM
Product	Qty	Unit Price	Price
Priority Maile Knoxville, TN 37 Weight: 9 lb 2.2 Expected Deliver Thu 09/12/20	oz Y Date	9	<b>\$18.</b> 85
Insurance Up to \$100.0		ludad	\$0.00
Restricted Del Recipient na SHARRON Tracking #:	me G LEE		\$12.75
Return Receipt Tracking #:	00003	5716188	\$4.10
	2 8418	3 3156 98	188 87 \$35.70

Grand Total:

Credit Card Remit

UFN: 255460-0451

Clerk: 6

Card Name: VISA

AL: VISA CREDIT PIN: Not Required

Approval #: 310170 Transaction #: 818 AID: A000000031010

Account #: XXXXXXXXXXXXXX8359

Receipt #: 840-54930036-1-5548566-2

JUSTICE SHARON G. LEE U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only 7 For delivery information, visit our websiterat www.usps.com Certified Mail Fee INDEN, Mr 4885 H Extra Services & Fees (check box, add fee m appropri Return Receipt (hardcopy)
Return Receipt (electronic) Polithink Certified Mail Restricted Deliver Adult Signature Required SEP 10 2024 Adult Signature Restricted Delivery \$ 2 \$18.35 09/10/2024 Total Postage and Fees 밉 SHARON GAIL LEE ö KNOXVILLE, TN 37919-

RECEIVED SERVICE: 9/12/2024

JENDEN. JOHN LETE THIS SECTION

■ Complete items 1, 2, and 3.

Chip

Print your name and address on the reverse so that we can return the card to you.

\$35,70

\$35.70

Attach this card to the back of the mailpiece. or on the front if space permits.

1. Article Addressed to:

# SHARON GAIL LEE

KNOXVILLE, TN 37919-



9590 9402 8418 3156 9888 87

7020 2450 0000 3671 6188

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

If YES, enter delivery address below: \( \subseteq No. \)

This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certifled Maik®

Certified Mail Restricted Delivery

☐ Collect on Delivery

C Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

Restricted Delivery

☐ Registered Mall Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Signature Confirmation™ ☐ Signature Confirmation

Domestic Return Receipt

9



215 S MAIN ST N. MI 48451-9998

(800 09/10/2024	) 275-8		02:07 PM
Product	Qty	Unit Price	Price
Priority Mail® Knoxville, TN 37 Weight: 9 lb 2.2 Expected Deliver Thu 09/12/20	oz y Date	)	<b>\$18.8</b> 5
Insurance			\$0.00
Up to \$100.0 Restricted Del Recipient na SHARRON	me	uded	<b>\$12.7</b> 5
Tracking #: 70202450	000036	716188	
Return Receipt			\$4.10
Tracking #: 9590 9400 Total	2 8418	3156 9	888 87 \$35.70
Grand Total:			\$35,70

U.S. Postal Service™ **CERTIFIED MAIL® RECEIPT** Domestic Mail Only =0 Ē For delivery information, visit our websiterat www.usps.com Certified Mail Fee INDEN, MI 4885, \_11 m Extra Services & Fees (check box, add fee as spor Return Receipt (hardcopy) ☐ Return Receipt (electronic) Politik Cortified Mail Restricted Delivery Here Adult Signature Required SEP 10 2024 Adult Signature Restricted Delivery \$ 20 Postage \$18.35 09/10/2024 Total Postage and Fees 밂 SHARON GAIL LEE KNOXVILLE, TN 37919-

UFN: 255460-0451

Credit Card Remit

Card Name: VISA

AL: VISA CREDIT PIN: Not Required

Approval #: 310170 Transaction #: 818 AID: A0000000031010

Receipt #: 840-54930036-1-5548566-2

Account #: XXXXXXXXXXXXXX8359

Clerk: 6

SEINDEIN COMITEE THIS SECTION

Complete items 1, 2, and 3.

Chip

■ Print your name and address on the reverse so that we can return the card to you.

\$35.70

- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

## SHARON GAIL LEE

KNOXVILLE, TN 37919-



9590 9402 8418 3156 9888 87

7020 2450 0000 3671 6188

PS Form 3811, July 2020 PSN 7530-02-000-9053

A. Signature

X

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

If YES, enter delivery address below: 

No

This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- 3. Service Type
- ☐ Adult Signature ☐ Adult Signature Restricted Delivery
  ☐ Certified Mail®
- Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery □ Insured Mall
- ☐ Insured Mail Restricted Delivery
- (over \$500)

Domestic Return Receipt

☐ Priority Mail Express®

☐ Registered Mall Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation

Restricted Delivery

☐ Registered Mail™

R L MOORE BANKERS TITLE & ESCROW CORPORATION 3310 WEST END AVE STE 540 NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.
HOSTETTLER, NEUHOFF & DAVIS, LLC
421 E IRIS DR STE 300
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

THOMPSONS STATION, TN 37179-

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

HENRY EDWARD HILDEBRAND III

NASHVILLE, TN 37205-

CHARLES M. WALKER

NASHVILLE, TN 37215-

**THOMAS E. ANDERSON** 

R L MOORE BANKERS TITLE & ESCROW CORPORATION 3310 WEST END AVE STE 540 NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.
HOSTETTLER, NEUHOFF & DAVIS, LLC
421 E IRIS DR STE 300
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

THOMPSONS STATION, TN 37179-

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

HENRY EDWARD HILDEBRAND III

NASHVILLE, TN 37205-

**CHARLES M. WALKER** 

NASHVILLE, TN 37215-

THOMAS E. ANDERSON

R L MOORE
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